



EXPRESS LIGHTING Retrofit GO Program Application Form



Westfield Gas & Electric’s (WG&E) *EXPRESS LIGHTING* GO Retrofit program is a streamlined lighting program for Westfield’s C&I customers who have identified lighting improvement projects, have procured project cost quotations from licensed vendors, and are ready to implement energy saving lighting improvement projects.

How does it Work? Customers or their contractors complete this application form including specifications for all proposed equipment and cost quotations broken down by labor and material. WG&E reviews the application for completeness and prepares a review letter noting incentive eligibility per the program specifications. Customer proceeds with the installation and notifies WG&E upon project completion. WG&E inspects the installation and issues rebate upon successful post-installation inspection.

Who is Eligible? All non-residential customers, including commercial, industrial, governmental, and institutional are eligible to participate in the program. Fluorescent lighting products must be listed on the [Consortium for Energy Efficiency](#) Website. LED and other products will be reviewed on a case by case basis. Incentives are determined based on estimated annual electric savings expected to result from project implementation. Customers must be in good financial standing with WG&E to participate in the program.

How to Apply:

- 1) Complete all fields in this application
- 2) Attach technical specifications for all proposed equipment
- 3) Attach project cost quotation from licensed vendor. Quotes should be separated by labor and itemized materials
- 4) Submit the application using one of the following methods:

E-mail: energysavings@wged.org
 Fax: (866) 611-3791
 Mail: Westfield Gas & Electric
 40 Turnpike Road
 P.O. Box 990
 Westfield, MA 01086-0990

1.) Facility / Applicant Information

Company Name:	Contact Name:	Date of Application Submission:
Contact Phone #:	Contact Email:	
Facility Address:	City, State, Zip:	
Federal Tax ID # :	Social Security # (if no Federal ID#):	

2.) Proposed Lighting Retrofit Project

Please describe the proposed lighting improvement project including existing and proposed fixtures and equipment, areas affected, quantities, project schedule, and any other relevant information:

3.) Existing Lighting Conditions*

Location	Average Run Hours Per Day	Average Days per Week	Type of Control	Quantity	Fixture Description (Note type, length, #lamps, ballast type)
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		

4.) Proposed Lighting Conditions*

Location	Average Run Hours Per Day	Average Days per Week	Type of Control	Quantity	Fixture Description (Note type, length, #lamps, ballast type)
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		
			<input type="checkbox"/> Switched <input type="checkbox"/> Sensored		

* If additional space is needed to describe existing or proposed conditions, complete and submit additional pages as necessary

5.) Rebate Assignment

If the rebate resulting from this work is to be assigned to the contractor or If the mailing address is different than the facility address, please complete the information below. If the rebate will be assigned to the customer, leave this section blank.

Company Name:			
Address:	City:	State:	Zip Code:
Contact Person:	Phone Number:	E-mail Address:	

6.) Customer Authorization

I verify all the information provided in this application is accurate and true to the best of my knowledge. I also authorize WG&E to release my previous two years of utility records for the account number(s) listed below for the sole purpose of review and analysis as part of the proposed lighting improvement project.

Applicant's (WG&E Customer) Name & Title:	
Applicant's Signature	Date:
WG&E Account Number(s) (Provide for all facilities included in this application) Electric	