

ECIP CREDIT NOTIFICATION

Provisional Measures and CTE/Repair Service

CN NUMBER: _____

CN DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Authorized by: _____

Customer: _____

Phone: _____

CAA Phone: _____

CAA Email: _____

CAA Fax: _____

DELIVERY INSTRUCTIONS

Once services have been rendered, Vendor must provide an invoice with the name of the Applicant, service/physical address, account number (if applicable), date of service performed, description of the services performed or space heater provided, and amount being invoiced to the CAA listed above.

Space Heaters

Number of space heaters	
Model Number(s)	
Total Amount Authorized	\$ _____

Space Heater Specifications:

- U.L. Certified
- Wattage Output: 1500 watts
- Power: electric
- Safety Features: auto shutoff, overheat protection

Issuance of Space Heater(s):

CAA Signature Date

Receipt of Space Heater(s):

Client Signature Date

Temporary Relocation

Reservation confirmation number	
Number of rooms to be provided	
Check in date	
Check out date	
Total Amount Authorized	\$ _____

CTE and Repair Services

Clean, Tune and Evaluation Services

Repair Services

**Value of service(s)
shall not exceed:** \$ _____

Other Agency Notes: