

Letter of Attestation for Recoupment of Performance Payments due to Non-Emergency Disconnection for Utility Work

This attestation is to confirm that _____, _____,
Project Name *Project Application Number*

_____ was offline due to Non-Emergency Disconnect for Utility Work as defined by the New York State
CESIR ID Number

Standardized Interconnection Requirements during the following time periods.

Period	Start Date	End Date
1		
2		
3		
4		
5		

I hereby acknowledge that I have reviewed the NY-Sun Program requirements for Recoupment of Performance Payments due to Non-Emergency Disconnection for Utility Work. By signing below, I declare that the above statements are true and accurate to the best of my knowledge.

Authorized Signature

Date

AUTHORIZED SIGNATORY CONTACT INFORMATION

First Name

Last Name

Title

Company

Phone Number

Email Address