



Email this form to [STforms@nyserda.ny.gov](mailto:STforms@nyserda.ny.gov)

## Solar Thermal Incentive Program Change Request Form

Date \_\_\_\_\_ 4 Digit Installer # \_\_\_\_\_ 5 Digit Application # \_\_\_\_\_

Indicate Reason for Request:      Change Order \_\_\_\_\_ Cancellation \_\_\_\_\_ Extension Request \_\_\_\_\_

Will project use GJGNY financing? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, submit a new ProForma Tool)

Reason for Change/Cancel/Extension \_\_\_\_\_

**COMPLETE THE SECTION BELOW ONLY IF THIS IS A CHANGE ORDER**

**NEW SYSTEM**

Domestic Hot Water Displaced by ST	kWh		
Total Price	\$	*Is this an OG-300 System?	<input type="checkbox"/> yes <input type="checkbox"/> no
NYSERDA Incentive	\$	*Is an additional incentive requested?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Equipment:</b>	<b>Quantity</b>	<b>Cost</b>	<b>Manufacturer &amp; Model Number</b>
Solar Water Tanks		\$	<b>Gallons</b>
Solar Water Collector		\$	
Other		\$	

To accept, sign below and return.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If executed by Installer, Contractor certifies that Installer is authorized by Contractor to do so.

Customer Name \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For NYSERDA use only.</b></p> <p>Approved in PC by _____</p> <p>Date _____</p>	<p>PO # _____</p> <p>Original PO Amount: _____</p> <p>Amount of Increase: _____</p> <p>New PO Amount: _____</p>
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