



Maryland Statewide Farm Energy Audit Program

Installation Completion Form

Dealer/Installer: Please complete the top portion of this form

Farmer: Please complete the bottom portion. Make sure you sign and date the form. Attach purchase/installation invoice to this form and return to EnSave at the address below.

Dealer/Installer Verification

Equipment Dealer Contact Name _____

Business Name _____

Address _____

Phone Number _____ Email _____

Equipment Installed	Date of Installation	Make & Model Number	Quantity Installed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have additional measures, please add to the reverse side of this form.

Equipment Dealer Signature _____

Printed Name _____ Date _____

I hereby certify the above information is true. I have read and followed the product specifications for the above installation(s). I understand that I may be called upon to attest to the accuracy of the above listed information.

Customer Verification

My business is a: Sole proprietorship Partnership Corporation LLC

Farm Name _____

Signature _____

Printed Name _____ Date _____

I hereby certify the above information is true. I have read and followed the equipment specifications for the above installation(s). I understand that I may be called upon to attest to the accuracy of the above listed information.

Mail Installation Completion Form and Invoice to: Corey Conant, Program Manager, EnSave, Inc. 65 Millet St., Suite 105, Richmond, VT 05477. Tel: (800) 732-1399; Fax: (802) 434-7011; email: coreyc@ensave.com