



Property Owner Authorization

Section 1: Property Owner Information

Legal Property Owner Name:			
Property Owner Mailing Address	City	State	Zip Code
Contact Phone Number:	Contact Fax Number:	Contact Email:	

Section 2: Site Information *(List property or properties authorized to receive Program Services) – attach additional properties to this document on the Property Owner Authorization Supplemental Site Information form*

Installation Address	City	State	Zip Code
Total Unit(s) in Building	# of Unit(s) Authorized	Authorized Unit(s)	
Installation Address	City	State	Zip Code
Total Unit(s) in Building	# of Unit(s) Authorized	Authorized Unit(s)	
Installation Address	City	State	Zip Code
Total Unit(s) in Building	# of Unit(s) Authorized	Authorized Unit(s)	

Section 3: Additional Information

Section 4: Signature *(Please check one item below and sign in the space provided)*

I certify I have read, understand, and agree to the terms and conditions contained in the Authorization on the back of this document. I certify I am the legal owner of the Property(ies) or the legal owner's authorized representative. I will provide proof of ownership upon request.

I do not authorize the installation of measures in units owned by the Property(ies).

Legal Property Owner or Representative Printed Name	Legal Property Owner or Representative Signature	Date

Office Use Only:

Enrolling IOU: <input type="checkbox"/> SCE <input type="checkbox"/> SDG&E <input type="checkbox"/> SoCalGas <input type="checkbox"/> PG&E		Program Enrollment: <input type="checkbox"/> ESA Program	
Company Name:	Company Phone Number:	Company Fax Number:	
Company Address:		Company Contact Email:	
Company Representative Printed Name:	Company Representative Signature:	Date:	

PROPERTY OWNER AUTHORIZATION

I certify that I am the legal owner, or the legal owner's authorized representative, for the property(ies) ("Property") listed in Section 2, and I hereby expressly grant permission to [PG&E, SoCalGas, SCE, or SDG&E] ("Investor Owned Utilities" or "IOU") and its contractor(s) ("Contractor") to access Property to provide feasible program measures, improvements and services ("Measures"), including any outlet grounding or natural gas appliance testing as determined necessary by IOU and Contractor (the "Work") pursuant to the terms and conditions of the [Energy Savings Assistance (ESA) Program, or SDG&E's Home Energy Solutions] ("Program"). If the Property is selected for inspection, I further grant permission to IOU, Contractor and representatives from the California Public Utilities Commission ("CPUC") to access Property to perform inspections and audits.

I acknowledge and agree that the IOU makes no representations or covenants as to the safety, reliability and/or efficiency of the Measures. The IOU makes no warranty regarding the Measures, express or implied, including but not limited to the warranty of merchantability or fitness for any particular purpose, use or application of the Measures. All Work will be performed by licensed, bonded, and insured Contractors.

I acknowledge and agree that IOU shall not be liable for any damages or losses arising out of any act or omission of Contractor or any subcontractor of Contractor relating to the performance of the Work or the Measures, and I hereby release and waive any and all claims against the IOU that may arise in connection with the Work or the Measures. I agree to hold the Contractor solely responsible for the performance of the Work, the safety, quality and reliability of the Measures, and for any and all claims, losses, liabilities, damages and expenses (including attorneys' fees and costs) that may arise therefrom. Furthermore, I shall defend, indemnify, and hold harmless IOU and its officers and employees against any and all causes of action, liability, damages, demands or costs, for injury to or death of any and all persons whatsoever, and for any and all damage to property, in any manner arising from, or in connection with, the performance of the Work or the Measures hereunder, except for those damages caused solely by the negligence or willful misconduct of IOU. I acknowledge and agree that the IOU shall not be liable if the current or future tenant removes any or all of the installed Measures, including appliances, without my prior consent.

I acknowledge and agree that the IOU may modify or discontinue the Program at any time at its sole discretion, without prior notice, or by order of the CPUC. The Program is funded by California ratepayers and administered by the IOU under the auspices of the CPUC, and is subject to the availability of funds.

I understand all Measures provided will be at no cost to me or my tenants except when:

- Replacing a refrigerator and/or room air conditioner that I own and pay for the tenants electricity use. Specifically, I acknowledge that a non-refundable co-payment to Contractor may be required to replace these appliances.

I acknowledge and agree that if I do not provide the non-refundable co-payment to Contractor, the approved Measures will not be installed. I understand that that the non-refundable co-payment is made directly to Contractor, and acknowledge that IOU is **not** in receipt of any monies related to the co-payment.

The following is a partial list of Measures that **may** be installed at the Property; properties are evaluated individually by Contractor and IOU, who will make the final installation recommendation in accordance with Program policies and procedures as established by the CPUC.

Attic Insulation	Low-Flow Showerhead	Exterior Door Replacement
Attic Access Weatherstripping	Switch & Outlet Gaskets	Broken Glass Replacement
Door Weatherstripping	Thermostatic Shower Valve	
Faucet Aerators	Smart Power Strip	

For the Contractor to install certain Measures, including but not limited to room air conditioner replacement, and refrigerator replacement, a properly grounded electrical outlet must exist at the installation location of the Measure(s). I hereby authorize the Contractor to perform, at no cost to the tenant or me, the work required, if any, to ground an electrical outlet at the Property.

I authorize the performance of natural gas appliance testing (NGAT) on all applicable natural gas appliances. I understand NGAT will be conducted on all applicable natural gas appliances to detect potential carbon monoxide problems. Should problems be detected, I authorize Program representatives to shut off the appliance(s) and understand that I, as the owner of the Property, will be solely responsible for any gas appliance repairs or replacements necessary to correct the situation.

I acknowledge and agree that IOU has not authorized any services, improvements, installations or equipment other than the Measures, outlet grounding and NGAT, and I understand that IOU assumes no liability for any extra services, improvements, installations or equipment performed.

By signing this Authorization, I, the owner of the Property or its authorized representative, certify that this Authorization contains the entire agreement between the parties relating to the Work and the Measures, and no other agreement, statement, or promise made by any party, which is not contained in this Authorization, shall be binding or valid. I hereby authorize IOU and Contractor to access my account information including, without limitation thereto, the Property addresses and other information required for Contractor to access my Property to provide all feasible Program measures, improvements, and services to eligible tenants in any authorized units; provided, however that this authorization does not extend to my tenant's accounts. I understand that IOU and Contractor will treat my and my tenant's information as confidential. I AUTHORIZE THE IOU TO SHARE MY INFORMATION WITH OTHER UTILITIES, AGENTS, OR ENTITIES IN ORDER TO ENROLL THE PROPERTY IN OTHER ENERGY MANAGEMENT ASSISTANCE PROGRAMS AND FACILITATE ASSISTANCE PROGRAM MANAGEMENT PROCESSES.

I may cancel my authorization or participation at any time prior to installation without penalty or obligation by calling the telephone number listed on the reverse side of this document, and I understand that canceling my authorization may limit the Work and the Measures provided to a tenant participating in the Program. I understand that NO LIEN WILL BE PLACED AGAINST THIS PROPERTY.