



APPENDIX D – PROJECT CONTACT FORM

Project Name: _____
(please provide name used in FERC license if applicable)

Project Owner/Operator:

Name and Title _____

Company _____

Phone _____

Email address _____

Mailing Address _____

Consulting firm that manages LIHI program participation (if applicable):

Name _____

Company _____

Phone _____

Email address _____

Mailing Address _____

Party responsible for compliance with LIHI program requirements:

Name and Title _____

Phone _____

Email address _____

Mailing Address _____

Party responsible for accounts payable:

Name and Title _____

Phone _____

Email address _____

Mailing Address _____

Project Owner/Operator Signature

Date