



SOLAR PHOTOVOLTAIC (PV) PROGRAM CUSTOMER FEEDBACK FORM

I. CUSTOMER SITE INFORMATION

Date _____

Name _____

Address _____

Phone Number _____

Address Installed _____

Name of Contractor _____

tenant
 owner

Area of concern:

- installation
- workmanship
- products
- warranty
- contractor conduct
- funding/costs
- damage
- other _____

II. CUSTOMER: PLEASE COMPLETE THIS SECTION (Use additional space if needed.)

Summary of Concern _____

_____ Signature _____

Date _____

Return this form to: Renewable Energy Program Manager, Energy Trust of Oregon, 733 SW Oak, Suite 200, Portland, OR 97205

III. Date: _____

CONTRACTOR: COMPLETE THIS SECTION AND RETURN FORM TO ENERGY TRUST WITHIN ONE WEEK. PLEASE INCLUDE YOUR RESPONSE TO CONCERN AND A PROPOSED RESOLUTION. (Use additional space if needed.)

Comments _____

_____ Signature _____ Date _____

Return this form to: _____

IV. ENERGY TRUST USE ONLY

Issue is unresolved resolved to the satisfaction of customer contractor Energy Trust

Comments _____
