



ASSIGNMENT OF RIGHT TO RECEIVE PAYMENTS

(Optional Agreement between Owner and Contractor)

All Information must be completed in Full:

OWNER	SCEIP FILE NO
ADDITIONAL OWNER	ADDITIONAL OWNER

I hereby transfer and assign the right to receive payment, in the amount indicated below, from the Sonoma County Energy Independence Program (SCEIP) under the above-referenced file number, to the following individual or entity:

ASSIGNEE NAME	ASSIGNEE TAX IDENTIFICATION NUMBER
ASSIGNEE ADDRESS	ASSIGNEE CITY, STATE, ZIP
ASSIGNEE TELEPHONE NUMBER	AMOUNT / PERCENTAGE TO BE PAID TO ASSIGNEE

I understand that as Owner I remain responsible for complying with all of the requirements of the Assessment Contract and Implementation Agreement. I further understand that I may revoke this Assignment of Right to Receive Payments at any time prior to SCEIP's processing of the payment by providing written notice by personal delivery or certified mail to SCEIP at 404 Aviation Boulevard, Santa Rosa, CA 95403, or by Fax at: (707) 524-3769. **SIGNATURE(S) MUST BE NOTARIZED. THIS FORM MUST BE ACCOMPANIED BY A COMPLETED PAYEE DATA RECORD FORM ([LINK TO FORM](#)).**

OWNER/ASSIGNOR'S SIGNATURE	DATE
OWNER/ASSIGNOR'S SIGNATURE	DATE
OWNER/ASSIGNOR'S SIGNATURE	DATE
OWNER/ASSIGNOR'S SIGNATURE	DATE

REV 01/22/10

404 Aviation Boulevard, Santa Rosa CA 95403 • Ph: 707-521-6200 • Fax: 707-524-3769

ACKNOWLEDGEMENT(S)

State of California County of _____	}	
On _____	<i>Date</i>	before me, _____, Notary Public
		<i>Name and Title of Officer</i>
personally appeared _____		_____
		<i>Name(s) of Signers</i>
<p>Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p>		
This area for official notary seal.		_____ <i>Signature of Notary Public</i>

State of California County of _____	}	
On _____	<i>Date</i>	before me, _____, Notary Public
		<i>Name and Title of Officer</i>
personally appeared _____		_____
		<i>Name(s) of Signers</i>
<p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p>		
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