



Commercial & Industrial GO Program Scoping Audit Request Form



Business Name	Address	Zip Code
Primary Contact	Phone Number	Email
Secondary Contact (if necessary)	Phone Number	Email

Please provide brief description of your areas of interest/issues/concerns regarding your facility's comfort, safety, productivity or performance

Please Send Co-Payment in the amount of \$100 to: Holden Municipal Light Department
 (Please reference "GO Program" on Check) One Holden Street
 Holden, MA 01520

Scoping Audit Request & Co-Pay Acknowledgement (to be signed and returned to HMLD within 30 days of the receipt of this document)

(Name of Business)

(Signature)

(Print Name)

(Job Title)

(Date)

Holden Municipal Light Department
 (Municipal Light Dept)

(Signature)

(Print Name)

(Job Title)

(Date)

Administrative Use Only
<input type="checkbox"/> Customer is in good standing with HMLD <input type="checkbox"/> Co-payment check has been received by HMLD