# Illinois Shines

# *Customer Disclosure Form E-mail Address Waiver*

## Customer Information

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Disclosure Form Number: _____
(To be filled out by the Approved Vendor. This information is found on at the top of the screen when entering Disclosure Form information into the Illinois Shines portal.)

Disclosure Form Type:   ☐ Community Solar   ☐ Distributed Generation

Approved Vendor Name and Illinois Shines ID:

Approved Vendor Designee Name and Illinois Shines  ID (*If applicable*):

## Purpose of this Waiver

This waiver must be completed by residential customers who do not have an e-mail address and wish to participate in the Illinois Shines program either by subscribing to a community solar project or by installing solar at their own home.

Illinois Shines requires all participants to review and sign a Disclosure Form providing key information about community solar subscriptions or on-site solar projects. For the Illinois Shines Program Administrator to have the ability to contact program participants, an e-mail address is a required component of the Disclosure Form.

Because some residential customers may not have an e-mail address, this waiver may be used to request approval for not including a customer e-mail address on a Disclosure Form. If this waiver is approved by the Illinois Shines Program Administrator, the participant's Approved Vendor will be able to submit the participant's Disclosure Form without an e-mail address.

**FOR THE APPROVED VENDOR**: Once completed and signed by the participant, this waiver should be uploaded when entering information to generate the disclosure form.

## Waiver

By signing this waiver, I certify and declare that the information provided above, and the statements below, are complete and accurate.

1. I do not have an e-mail address that can be used for the purposes of a Disclosure Form for the Illinois Shines program.
2. I consent to participating in Illinois Shines without an e-mail address and will be responsive to the Program Administrator via phone and/or paper mail, if needed.

Customer Signature(s): _____

Print Customer Name(s): _____

Date: _____