

Rebate Assignment

This form must accompany completed rebate application(s) and/or required documentation.

Payee and Customer must sign/date. All information is required to process rebate(s).

CUSTOMER INF	ORMATION								
Utility Account # (if known)			Date			Phone	ne		
First Name				Last Name	9				
Installation Address					•				
City								Zip	
REBATE INFORI	MATION							•	
Installed Measure(s)									
Estimated Rebate Amount \$									
REBATE ASSIG		STRUCTIONS partment (City) custon	ner, I re	quest that	City mak	ke check	payable a	ınd ma	ail directly to:
REBATE PAYAB	LE TO								
Name	Relatio Custon					ship to er			
Mailing Address									
City						State		Zip	
Phone				Fax					
	ree understa standards ar	tifies that the installa ands that they are resperent.				ogram s			
ndicated. Customenat the work was with the completed	er agrees to completed work, and	ustomer acknowledge allow City or its repre within City service ter recognizes that in no ny liability caused by o	sentativ ritory. C way is	re to perfor Customer a City respo	m inspe grees to nsible fo	ctions or release r the saf	the work City from ety or sat	. Cust	omer also certifi liability associat
CUSTOMER SIGNATURE					DATE				
		Allow 8–10 we	eeks fo	or rebate	proce	ssing.			