

2019 HVAC Energy Management Rebates

APPLICATION FORM



All rebate applications are due by January 15th the year after equipment purchase and installation.

1 EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4-6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
1515 S Capital of Texas Hwy,
Suite 110
Austin, TX 78746
www.epesaver.com

Building Characteristics

Please provide photo of heating system nameplate for homes with Electric Resistance or Heat Pump heating

EPE Account Number for Install Location: (10 digits)

Customer/Business Name:

Telephone: Applicant's E-mail:

Account Address:

City: State: ZIP:

Mailing Address: (if different)*

City: State: ZIP:

*Rebate check will be mailed to the account address unless a different mailing address is provided

Building Type: (Check one) Hotel/Motel Dormitory School

Existing HVAC Controls Present: (Check one) Yes No

Cooling Type: (Check one) Refrigerated Air Evaporative Cooling None

Heating Type: (Check one) Gas Electric Resistance Heat Pump None

2 INSTALLATION INFORMATION (Must complete all fields)

Guest Room Energy Management

Please provide copy of manufacturer spec sheet for installed control

Control Manufacturer:

Control Model Number:

Number of Rooms Controlled:

Number of HVAC Controls/Room:

Total HVAC Controls:

3 CONTRACTOR INFORMATION

Company Name: License #: (if applicable)

Contact Person: Phone:

To determine your rebate amount, visit www.epesaver.com

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4 APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria

(Signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) **I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.**

Applicant Signature:

Date:

5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL

(Property owner must complete and sign only if rebate is to be issued to contractor)

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will **NOT** be receiving the incentive payment from El Paso Electric.

Applicant Signature:

Date:

Contractor Company Name: (for payment)

Mailing Address:

City:

State:

ZIP: