## **2019 Water Conservation Rebates**





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	EPE Account Number for Install Location: (10 digits)  Customer/Business Name:  Telephone:  Applicant's Email:*  Account Address:  City:  State:  ZIP:  Mailing Address: (if different)**  City:  State:  ZIP:			
1515 S Capital of Texas Hwy, Suite 110 Austin, TX 78746 www.epesaver.com	* Email rebate correspondence will be sent to the email address specified in this field  ** Rebate check will be mailed to the account address unless a different mailing address is provided  ** Rebate check will be mailed to the account address unless a different mailing address is provided			
2 INSTALLATION INFORMATION (Must complete all fields)				
Faucet Aerators  Please provide documentation of product flow rate (GPM)	Building Type: (Check one)  Dormitory Hospital Hospitality Nursing Home  Prison School, Primary School, Secondary Other  Number of FAs:  Manufacturer: Model #:  Flow Rate (GPM): (Check one) 0.5 GPM 1.0 GPM			
Low-Flow Showerheads Please provide documentation of product flow rate (GPM)	Application Type: (Check one)  Employee Fitness Center Health Care Hospitality  School, K-12 Other  Number of LFSHs:  Manufacturer: Model #:  Flow Rate (GPM): (Check one)  1.5 GPM 2.0 GPM			
Pre-Rinse Spray Valves Please provide documentation of product flow rate (GPM)	Building Type: (Check one)  Hospital  Nursing Home Prison  Restaurant, Fast Food Restaurant, Sit Down School, K-12 University Dining Hall Other  Number of PRSVs: Manufacturer: Model #: Flow Rate (GPM): (Check one)  1.1 GPM 1.25 GPM			

**New Mexico Commercial** 





3	CONTRACTOR INFORMATION			
	Company Name: Contact Person:	License #: (if appl Phone:	icable)	
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:			
5	PAYMENT RELEASE	E AUTHORIZATION		
OPTIONAL  (Property owner must complete and sign only if rebate is to be issued to contractor)	I will <b>NOT</b> be receiving the incer Applicant Signature: Contractor Company Name: (for Mailing Address:		Date:	
	Mailing Address: City:	State:	ZIP:	