

# 2021 Water Conservation Rebates

## APPLICATION FORM



All rebate applications are due by January 15<sup>th</sup> 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](http://www.epesaver.com)

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:

\* 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

### 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

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### 3 CONTRACTOR INFORMATION

Company Name:  License #: (if applicable)   
Contact Person:  Phone:

### 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: