# **2022 Air Infiltration 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. |   | EPE Account Number for Install Location: (10 digits)  Customer/Business Name:  Telephone:  Applicant's Email:*  Account Address:  City:  State:  ZIP:  Mailing Address: (if different)**   |  |  |  |  |
| EPESaver Rebate Center 1515 S Capital of Texas Hwy, Suite 110 Austin, TX 78746 www.epesaver.com   |   | 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)   |   |  |  |  |  |  |
| Weather Stripping and<br>Door Sweeps<br>Pre-retrofit gap width must be<br>verified by providing photo<br>evidence of the gap measurement  |   | Cooling Type: (Check one)  Split/Pack. AC  Water-Cooled Chiller  Evaporative Cooler  None  Heating Type: (Check one)  Gas  Electric Resistance  Heat Pump  None  Length of Installed Weather Stripping or Door Sweep by gap width:  1/8"  1/4"  1/2"  3/4" |  |  |  |  |
| Refrigerated<br>Door Gaskets  | ı | Length of Installed Door Gasket (ft) for Walk-in or Reach-in Cooler:  Length of Installed Door Gasket (ft) for Walk-in or Reach-in Freezer:  |  |  |  |  |
| 3 CONTRACTOR INFORMATION  |   |  |  |  |  |  |
|   |   | Company Name:  License #: (if applicable)  Contact Person:  Phone:   |  |  |  |  |

**New Mexico Commercial** 

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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)

Applicant Signature: Date:

#### 5 PAYMENT RELEASE AUTHORIZATION

#### **OPTIONAL**

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

| , | m authorizing the paymeng the incentive paymen | ent of the rebate to the contra<br>t from El Paso Electric. | ctor (named below), a | nd I understand that |
|---|--|---|-----------------------|----------------------|
| Applicant Signature:                    |  |   | Date:                 |                      |
| Contractor Company                      | Name: (for payment)                            |   |                       |                      |
| Mailing Address:                        |  |   |                       |                      |
| City:                                   |  | State:  | ZIP:                  |                      |
|   |  |   |                       |                      |