

2024 Evaporative Cooling Rebates

APPLICATION FORM



All rebate applications are due by December 31st the year of equipment purchase and installation.

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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

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)

Project cost from invoices/receipts:

\$

Evaporative Cooling

Please provide photo of installed system nameplate or include system model # on invoice

Project Completion Date:

Manufacturer	Model Trade or Brand Name	Model #	Serial #

Building Type: (Check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Education - Primary School | <input type="checkbox"/> Education - Relocatable Classroom |
| <input type="checkbox"/> Education - Sec. School | <input type="checkbox"/> Grocery | <input type="checkbox"/> Manufacturing - Light Industrial |
| <input type="checkbox"/> Office - Small | <input type="checkbox"/> Restaurant - Fast Food | <input type="checkbox"/> Restaurant - Sit Down |
| <input type="checkbox"/> Retail - Small | <input type="checkbox"/> Storage - Conditioned | <input type="checkbox"/> Other |

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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: