

# 2024 Refrigeration Rebates

## APPLICATION FORM



All rebate applications are due by December 31<sup>st</sup> 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](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

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### INSTALLATION INFORMATION (Must complete all fields)

Project cost from invoices/receipts:

\$

#### Solid and Glass Door Reach-ins

Please attach photos documenting product nameplate, door type, and volume

Number of Units:

Manufacturer:

Model Number:

Door Type:

☐ Solid

☐ Glass

Unit Type:

☐ Refrigerator

☐ Freezer

Unit Volume: (cu. ft)

#### Refrigerated Door Gaskets

Please attach pre and post photos of door gaskets documenting door length, gap width, and gasket condition

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:

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### CONTRACTOR INFORMATION

Company Name:

License #: (if applicable)

Contact Person:

Phone:

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## APPLICANT ACKNOWLEDGEMENT

Please refer to [EPESaver.com](https://www.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:

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## 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: