



# Rebate Assignment

Office Use Only  
Rebate:

Month/Year:

This form must accompany completed rebate application(s) and/or required documentation.  
Payee and Customer must sign/date. All information is required to process rebate(s).

CUSTOMER INFORMATION					
Account # (required)				Date	
First Name			Last Name		
Installation Address			Phone		
City			State		Zip
Mailing Address (if different than site address)			Contact Email		
City			State		Zip

REBATE INFORMATION	
Installed Measure(s)	
Estimated Rebate Amount	\$

REBATE PAYABLE TO					
Name			Relationship to Customer		
Mailing Address			Contact Email	Phone	
City			State	Zip	
Phone			Fax		

**PAYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing above, payee certifies that the installation was completed according to PUD specifications. Payee understands that they are responsible for meeting all program standards, and that payment is not due until program standards are met.

By signing this agreement, customer acknowledges that the measure(s) are installed and operating at the location indicated. Customer agrees to allow PUD or its representative to perform inspections on the work. Customer also certifies that the work was completed within PUD service territory. Customer agrees to release PUD from any liability associated with the completed work, and recognizes that in no way is PUD responsible for the safety or satisfactory performance of this work. PUD will not accept any liability caused by customer's participation in this program.

**CUSTOMER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Allow 8 to 10 weeks for rebate processing after final inspections and receipt of all the required paperwork.**