



Rebate Reservation Request

Customer Information

Business name (as it appears on SRP Bill) _____

SRP Account number(s) where measure(s) to be installed _____

Address where measure(s) to be installed _____ City _____ State _____ Zip _____

Contact name _____ Contact phone number _____ Contact fax number _____ Email _____

Mailing address (if different from the installation address) _____ City _____ State _____ Zip _____

Measure Information

Estimated measure installation date: _____

If rebate funds are not available, do you wish to be placed on a waiting list? Yes No

Custom measures (attach additional sheets as necessary)

Parameter	Measure 1	Measure 2	Measure 3
Measure description:			
Estimated energy savings (kWh/yr):			
Measure rebate:			

Total Measure Savings: _____ kWh/yr **Total Measure Rebate:** \$ _____

Please provide a brief description of how annual energy savings were estimated for each measure (attach additional sheets as necessary):

Terms and Conditions

Salt River Project (SRP) is implementing PowerWise Compressed Air Solutions to provide eligible customers with rebates to facilitate the installation of qualifying energy efficient equipment. Rebates will be reserved on a first-come, first-served basis for approved requests. This Rebate Reservation Request allows customers to request rebates be reserved for up to 60 days to allow for the submittal of a completed Rebate Application. Rebate Applications must be completed and submitted for approval prior to measure purchase and installation.

Approved rebate reservation amounts will expire according to the schedule outlined above unless alternative timelines are approved in writing by the Program Administrator. Additional rebate funds for qualifying measures will be based on funding availability and rules. Allow seven (7) days for processing and notification of rebate reservation status.

Customer Signature

By signing below, applicant acknowledges the following:

- I have read and understand all Terms and Conditions of this form and the customer eligibility, measure eligibility, and participation procedures for SRP’s PowerWise Compressed Air Solutions program in the Program Manual.
- I certify that all the information contained within is true and factual.
- As the signatory, I have the authority to approve installation of identified measure(s).

Business Name _____

Signature _____ Date _____

Name (please print) _____

Title _____

SEND COMPLETED REBATE RESERVATION REQUESTS TO:
 SRP PowerWise Compressed Air Solutions
 PMB 192
 4802 E Ray Rd Ste 23
 Phoenix, AZ 85044-6417
 Fax: (480) 345-7601
 Email: PowerWiseCompressedAirSolutions@srpnet.com