Office Use Only
Rebate:
Month/Year:

Residential ENERGY STAR® Qualified Lighting Rebate Application

Complete application and sign/date. All information is required to process rebate(s).

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

Light Emitting Diode (LED) fixtures must be ENERGY STAR qualified or listed on the Lighting Design Lab (LDL) qualified LED Lamp List to be eligible for rebate(s).

PRODUCT INFORMATION	BRAND	MODEL NUMBER	QTY
HARD-WIRED LED FIXTURE OR RETROFIT KIT			
LED LAMP (BULB)			

Rebate Amount - $10 Per Fixture; $4 Per Lamp (bulb)
Rebate(s) will not exceed 100% of the purchase price.

Upon signing this agreement, customer acknowledges the following:

Rebate offer(s) may be changed or discontinued at any time by City of Cascade Locks (CCL). CCL disclaims any warranty, whether expressed or implied, regarding the product(s) listed above for any materials or labor associated with installation, maintenance, repair, or any energy savings associated with use. Rebate offer(s) apply to new product(s) only. CCL reserves the right to inspect installed product(s). Product(s) must meet all program criteria to qualify for rebate(s).

I understand the above and certify that I am a customer of CCL, that the product(s) are installed and operating at the location indicated and that this address is within CCL service territory.

SIGNATURE _____ **DATE** _____

Mail or fax completed application and legible copy of purchase receipt(s) showing model number, purchase date and cost to:

City of Cascade Locks
Attn: Energy Efficiency Rebates
5605 NE Elam Young Parkway
Hillsboro, OR 97124
FAX: 1-503-344-6942
rebates@esgroupllc.com

Rebate Applications must be submitted within six (6) months of purchase to qualify.
Allow 8-10 weeks for rebate processing.

Call 1-888-883-9879 to learn about additional energy efficiency programs.

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CASCADE LOCKS

Rebate Assignment

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					
Utility Account #		**Date**		**Phone**	
First Name		**Last Name**			
Installation Address		**Contact Email**			
City		**State**		**Zip**	
REBATE INFORMATION					
Installed Measure(s)					
Estimated Rebate Amount	$				

REBATE ASSIGNMENT INSTRUCTIONS

As a City of Cascade Locks (CCL) customer, I request that CCL make check payable and mail directly to:

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

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

PAYEE SIGNATURE _____ **DATE** _____

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

CUSTOMER SIGNATURE _____ **DATE** _____

Allow 8–10 weeks for rebate processing.

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