

Rebate Requested

LIGHTING RETROFIT HVAC REBATES COMMERCIAL CUSTOMIZED NEW CONSTRUCTION

IMPORTANT! PLEASE FILL OUT ADDITIONAL APPLICATION FORMS FOR EACH PROGRAM AS APPLICABLE.

Customer Information

ALAMEDA MUNICIPAL POWER ACCOUNT NUMBER RATE SCHEDULE

NAME OF COMPANY OR OWNER (AS IT APPEARS ON YOUR ELECTRIC BILL)

ADDRESS WHERE ITEMS WERE INSTALLED DATE ITEMS WERE INSTALLED

ADDRESS OF COMPANY OR OWNER CITY STATE ZIP

NAME OF CONTACT PERSON PHONE EMAIL

CHECK SHOULD BE MADE PAYABLE TO (IF OTHER THAN ACCOUNT NAME, PLEASE PROVIDE AMP WITH A LETTER OF REQUEST)

MAILING ADDRESS (IF OTHER THAN ACCOUNT ADDRESS) PHONE EMAIL

Terms and Conditions

I HAVE READ AND UNDERSTAND THE PROGRAM REQUIREMENTS SET FORTH IN AMP APPLICATION FORMS AND AGREE TO ABIDE BY ALL REQUIREMENTS. I HAVE ATTACHED ALL THE REQUIRED DOCUMENTATION FOR THE PROGRAM UNDER WHICH I AM APPLYING. I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION AND ALL ASSOCIATED REQUIRED DOCUMENTATION IS TRUE AND CORRECT.

AS A QUALIFIED ALAMEDA MUNICIPAL POWER (AMP) CUSTOMER, I CERTIFY THAT I PURCHASED AND INSTALLED THE INDICATED ENERGY-SAVING PRODUCTS FOR USE IN MY BUSINESS FACILITY AND NOT FOR RESALE AND THAT ALL EQUIPMENT INSTALLED IS NEW, NOT REBUILT, REMANUFACTURED, OR USED EQUIPMENT. I AGREE TO MANDATORY PROJECT INSPECTIONS BY AMP AND/OR ITS DESIGNEE FOR INSTALLED EFFICIENCY MEASURES.

I AGREE THAT THE SELECTION, PURCHASE, AND OWNERSHIP OF THE EQUIPMENT IS MY SOLE RESPONSIBILITY. AMP MAKES NO REPRESENTATION AS TO THE SAFETY, RELIABILITY, AND /OR EFFICIENCY OF THE EQUIPMENT SELECTED OR COMPONENTS SELECTED TO MEET THE PROGRAM'S INTENT.

I AGREE THAT IF I CEASE TO BE A DISTRIBUTION CUSTOMER OF AMP, OR I DO NOT PROVIDE AMP WITH 100% OF THE RELATED ENERGY BENEFITS FOR THE LIFE OF THE PRODUCT OR FOR A PERIOD OF FIVE (5) YEARS FROM RECEIPT OF REBATE, WHICHEVER COMES FIRST, I SHALL REFUND A PRORATED AMOUNT OF THE REBATE TO AMP. YOU ARE URGED TO CONSULT YOUR TAX ADVISOR CONCERNING THE TAXABILITY OF REBATES. AMP IS NOT RESPONSIBLE FOR ANY TAXES THAT MAY BE IMPOSED ON YOUR BUSINESS AS A RESULT OF YOUR RECEIPT OF THIS REBATE.

CUSTOMER SIGNATURE DATE

PRINT NAME

FOR ADMINISTRATIVE USE ONLY		
Date Received:	SIC:	kW Reduced:
Pre-Field Inspection Date:	Rep:	kWh Reduced:
Post-Field Inspection Date:	Rep:	Rebate:
Approved by:		Date Approved:

For more information:
 Phone: (510) 748-3947
 Email: energymgt@alamedamp.com
 Online: www.alamedamp.com

RETURN APPLICATION, FORMS AND DOCUMENTATION TO:

ALAMEDA MUNICIPAL POWER
 ENERGY MANAGEMENT SUPERVISOR
 2000 GRAND STREET
 ALAMEDA, CA 94501



ALAMEDA MUNICIPAL POWER

A Department of the City of Alameda

Project Information:

PROJECT NAME

ADDRESS/LOCATION

CITY

STATE

ZIP

Project Overview:

Project Description:

- Provide a written description of the proposed project including details about the existing equipment and the proposed equipment to be installed. Include operational schemes and other items that affect energy savings.
- Provide manufacturers specification sheets when appropriate or requested.

Technical Requirements:

- Technical requirements for Customized Program projects will be specific to each project, and will relate to insuring a quality installation, equipment performance, and persistence of energy savings.

Supporting Documentation:

- Provide narratives and definitions for the existing or assumed base case, as well as the proposed project.
- Provide methodology and calculations used for energy savings.
- Provide base case and proposed annual kWh and kW calculations.
- Provide estimated project costs. Upon completion of the project a copy of the paid invoice and a cancelled check will be required.
- Alameda Municipal Power and/or its designed technical consultants reserve the right to request additional supporting documentation as deemed necessary to verify and calculate the rebate. All customer information will be held in confidence.



**ALAMEDA
MUNICIPAL POWER**

A Department of the City of Alameda