

### Rebate Requested

LIGHTING RETROFIT     HVAC REBATES     COMMERCIAL CUSTOMIZED     NEW CONSTRUCTION

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

### Customer Information

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ALAMEDA MUNICIPAL POWER ACCOUNT NUMBER RATE SCHEDULE

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

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ADDRESS WHERE ITEMS WERE INSTALLED DATE ITEMS WERE INSTALLED

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ADDRESS OF COMPANY OR OWNER CITY STATE ZIP

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NAME OF CONTACT PERSON PHONE EMAIL

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

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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.

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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](mailto:energymgt@alamedamp.com)  
 Online: [www.alamedamp.com](http://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*

## Cooling Equipment

Manufacturer Model Btu/hr	# of Units	Efficiency Rating	CEE Tier	Cost/Unit High Efficiency	Cost/Unit Minimum Efficiency	Rebate (50% of cost difference)

- Include specification and cost for the minimum efficiency and high efficiency unit.

## Reflective Window Film

Square Feet Installed	kWh/ft2 Savings – Determined by AMP	Rebate Rate	Rebate Amount
		\$0.11kWh	
		\$0.11kWh	

- Film must have a minimum five-year manufacturer's warranty.
- Film must have either a solar heat gain coefficient (SHGC)  $\leq 0.39$  and be applied to single-pane glass, OR have an SHGC  $\leq 0.47$  and visible transmittance/solar heat gain coefficient (VT/SHGC) ratio  $>1.3$  that can be applied to any kind of glass.
- Include a manufacturer's specification sheet documenting SHGC and VT along with an invoice showing the square footage installed.

## Variable Frequency Drive

Unit	# of Horse power	Rebate Rate	Rebate Amount
		\$80 / per Horsepower	
		\$80 / per Horsepower	
		\$80 / per Horsepower	
		\$80 / per Horsepower	

- A 3% impedance choke is recommended.

