

### Rebate Requested

LIGHTING RETROFIT     HVAC REBATES     COMMERCIAL CUSTOMIZED     LED/ADVANCED TECHNOLOGY     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.

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



## Whole Building Approach Rebate Rates

	Rebate Rate
Exceed Title 24 by 10%	\$0.10/kWh
Exceed Title 24 by 15%	\$0.15/kWh

## Systems Approach Rebate Rates

	Rebate Rate
Lighting system exceed Title 24 by 10%	\$0.10/kWh
HVAC & Refrigeration system exceed Title 24 by 10%	\$0.11/kWh
Motors and other system exceed Title 24 by 10%	\$0.10/kWh
Daylighting exceed Title 24 by 10%	\$0.04/kWh

## Project Information

PROJECT NAME

ADDRESS/LOCATION

CITY

STATE

ZIP

## Project Overview

ESTIMATED START DATE

ESTIMATED COMPLETION DATE

GROSS SQUARE FEET

## Supporting Documentation

- Title 24 Report
- Appropriate building plans
- Appropriate specifications



**ALAMEDA  
MUNICIPAL POWER**

*A Department of the City of Alameda*