



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. The customer agrees to allow the City of Cascade Locks (CCL) or its representative to perform inspections on the work. The customer also certifies that the work was completed within CCL service territory. The 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 to 10 weeks for rebate processing.