



Office Use Only
Rebate:

Month/Year:

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				
Account #			Date	
First Name		Last Name		
Installation Address		Phone		
City		State		Zip
Mailing Address (if different than site address)		Contact Email		
City		State		Zip

REBATE INFORMATION	
Installed Measure(s)	
Estimated Rebate Amount	\$

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

By signing below, payee certifies that the installation was completed according to the Clatskanie PUD (CPUD) 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 CPUD or its representative to perform inspections on the work. Customer also certifies that the work was completed within the CPUD service territory. Customer agrees to release CPUD from any liability associated with the completed work and recognizes that in no way is CPUD responsible for the safety or satisfactory performance of this work. CPUD will not accept any liability caused by customer's participation in this program.

CUSTOMER SIGNATURE _____ **DATE** _____

Allow 4 to 6 weeks for rebate processing after final inspections and receipt of all the required paperwork.