



Office Use Only
Rebate:

Month/Year:

Rebate Assignment

This form must accompany completed rebate application(s) and/or required documentation.
Payee and Consumer must sign/date. All information is required to process rebate(s).

MEMBER INFORMATION				
Account # (required)		Date		
First Name		Last Name		
Site 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 Member		
Mailing Address		Contact Email	Phone	
City		State	Zip	
Phone		Fax		

PAYEE SIGNATURE _____ **DATE** _____

By signing above, payee certifies that the installation was completed according to Douglas Electric Cooperative (DEC) specifications. Payee understands that they are responsible for meeting all program standards and that payment is not due until program standards are met. By signing this agreement, the member acknowledges that the measure(s) are installed and operating at the location indicated. The member agrees to allow DEC or it's representative to perform inspections on the work. The member also certifies that the work was completed within DEC service territory. The member agrees to release DEC from any liability associated with the completed work, and recognizes that in no way is DEC responsible for the safety or satisfactory performance of this work. DEC will not accept any liability caused by the member's participation in this program.

MEMBER SIGNATURE _____ **DATE** _____

Allow 8 to 10 weeks for rebate processing after final inspections and receipt of all the required paperwork.