



Office Use Only
Rebate:
Month/Year:

## Rebate Assignment

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

CUSTOMER INFORMATION					
Utility Account # (if known)		Phone	(      )		
Applicant Name		Email			
Installation Address					
City		State		Zip	
REBATE INFORMATION					
Installed Measure(s)					
Estimated Rebate Amount	\$				

### REBATE ASSIGNMENT INSTRUCTIONS

As a City of Lodi (City) customer, I request that City make check payable and mail directly to:

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

By signing this agreement, customer acknowledges that the measure(s) are installed and operating at the location indicated. Customer agrees to allow City or its representative to perform inspections on the work. Customer also certifies that the work was completed within City service territory. Customer agrees to release City from any liability associated with the completed work, and recognizes that in no way is City responsible for the safety or satisfactory performance of this work. City will not accept any liability caused by customer's participation in this program.

**CUSTOMER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing below, payee certifies that the installation was completed according to program requirements and 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** \_\_\_\_\_

**Allow 8–10 weeks for rebate processing.**