



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).

MEMBER 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 Member		
Mailing Address		Contact Email	Phone	
City		State	Zip	
Phone		Fax		

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

**MEMBER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Allow 6 to 8 weeks for rebate processing after final inspections (if required) and receipt of all the required paperwork.**