

Rebate Assignment

This form must accompany completed rebate application(s) and/or required documentation.

Payee and Customer must sign/date.

All information, including Utility Account #, is required to process rebate(s).

CUSTOMER INF	ORMATION								
Utility Account # (REQUIRED)			Date			Phone			
First Name				Last Name					
Installation Address			•		•				
City						State		Zip	
REBATE INFORMATION									
Installed Measure(s)									
Estimated Rebate Amount \$									
REBATE ASSIGNMENT INSTRUCTIONS As a City of Shasta Lake Municipal Utilities (SLU) customer, I request that SLU make check payable and mail directly to:									
REBATE PAYABLE TO									
Name	Relation Custom					nship to er			
Mailing Address									
City						State		Zip	
Phone				Fax					
By signing below, payee certifies that the installation was completed according to SLU, PATS, HERS, and/or BP specifications. Payee understands that they are responsible for meeting all program standards, and that payment is no 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 SLU or its representative to perform inspections on the work. Customer also certifies that the work was completed within SLU service territory. Customer agrees to release SLU from any liability associated with the completed work, and recognizes that in no way is SLU responsible for the safety or satisfactory performance of this work. SLU will not accept any liability caused by customer's participation in this program.									
CUSTOMER SIGNATURE DATE									
Allow 8–10 weeks for rebate processing.									