



For Office Use Only
 Rebate:
 Month/Yr:

Showerhead Replacement Rebate Application - Commercial Building

Please complete front and back of this form. Read and sign the back. Information is required for participation in programs and to qualify for rebates.

Customer Information (Please print clearly) Customer Number _____

Business Name: _____ Phone: (____) _____

Contact Name: _____

Installation Address: _____ City: _____ State: ____ Zip: _____

Mailing Address (if different): _____ City: _____ State: ____ Zip: _____

Tell us about your building:

Electric Hot Water Heater:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Building Type:	<input type="checkbox"/> Hospitality (Hotel/Motel) <input type="checkbox"/> Health Care <input type="checkbox"/> Small Office – Employee Shower

Program Eligibility

- ◆ **Commercial buildings must have a permanently installed electric hot water heater/s that is/are providing all of the hot water used by the building.**
- ◆ **In order to qualify for rebates, projects must be pre-approved by Central Lincoln PUD before installation can begin.**
- ◆ **An inspection by a Central Lincoln PUD representative is required after work is completed. Rebates will be paid only on work that meets Central Lincoln PUD specifications. If not familiar with specifications please contact us at 1-888-883-9879.**

Qualifying Energy Efficiency Improvements

Replace existing Showerheads with a flow rate greater than 2.0 gallons per minute (gpm) with new high efficiency Showerheads with a flow rate less than or equal to 2.0 gpm. Rebate is \$25 per showerhead not to exceed installed job cost.

Please complete the following information:

Equipment Information	Building Owners' / Managers' Survey
Number of Showerheads Replaced: _____	Date of Installation: _____
Flow Rate of Existing Showerheads: _____ (gpm)	Estimated # of Showers per Showerhead per Day: _____
Flow Rate of Replacement Showerheads: _____ (gpm)	For Hospitals / Hospitality Buildings Only:
Per Unit Replacement Showerhead Cost: _____	Occupancy Rate (%): _____
Per Unit Installation / Labor Cost: _____	Number of Occupants per Day: _____

Rebate requests must be submitted within 6 months of installation to qualify for rebates.

(OVER)

Rebates are Subject to Availability of Funds

Please check one:

Self Installed Contractor Installed

Inspection – Please contact Central Lincoln PUD to schedule a final inspection of the completed work.

IMPORTANT: All measures must be installed according to Central Lincoln PUD's specifications. If you, or your contractor, are not familiar with the program specifications, please contact us prior to beginning work. 1-888-883-9879

Project Completion

Rebates will be paid when Central Lincoln PUD has received a complete Showerhead Replacement Rebate Application, paid in full contractor invoice, and the work has been inspected and approved by a Central Lincoln PUD representative. Rebate application and invoices can be given to the Central Lincoln PUD representative at the time of final inspection, or you may submit completed forms and invoices to:

**Central Lincoln PUD
Attn: Efficiency Services
4120 SE International Way
Suite A211
Milwaukie, OR. 97222**

Please allow 8 – 10 weeks for processing.

Upon signing this agreement, customer acknowledges the following:

This rebate offer may be discontinued at any time by Central Lincoln PUD. Central Lincoln PUD disclaims any warranty, whether expressed or implied, regarding the product listed above for any materials or labor associated with its installation, maintenance, repair, or any energy savings associated with its use.

I understand that the measures must be installed to Central Lincoln PUD's specifications, and I, or my contractor, reviewed the specifications prior to beginning work. It is the building owner's responsibility when selecting a contractor to ask for proof of insurance and license that meet the statutes and rules of the Oregon Construction Contractors Board (CCB). It is recommended to verify qualifications before work begins.

I understand the above and certify that I am a customer of the Central Lincoln PUD and the above mentioned products will be installed at the location indicated above.

SIGNATURE: _____ Date: _____

For additional questions and information call 1-888-883-9879