



Commercial Windows Rebate Application

CONTACT INFORMATION	
Business Name:	Legal Business Name:
Contact Person:	Contact Phone #:
E-mail Address:	BPUB Account #:
Service Address:	Zip Code:
Mailing Address:	Zip Code:
INSTALLATION PROCESS	
Professional Contractor Co	ntractor Name:
Phone #:	_ Address:
In-House	
INSALLTION INFORMATION	
Number of windows/doors:	U-Factor of Installed windows/doors:
Solar Heat Gain Coefficient (SHGC) of installed windows/doors:	
TYPE OF BUILDING	
Office Retail Store Assembly	School Hotel/Motel Industrial
Restaurant Grocery Multi-Family	Health Care Warehouse Other
 Rebate Guidelines: Applicants must be the business owner, facilities manager or pr Applicants are subject to verification; if verification cannot be c Applications must be submitted within 30 days of installation of for the rebate to be issued Rebate recipient must be a customer of BPUB electric services Address of installation must match address on account Windows <u>must be ENERGY STAR certified</u> Windows or glass doors must have a U-factor of 0.60 or less wi 	ompleted, the rebate will not be issued 5 system. Please allow 3-6 weeks after receipt of all documentation

- Rebate will in the amount of 30% of invoice cost or cost of windows; up to \$25,000
- Please include itemized invoice or purchase receipt from contractor or vendor along with this application
- Please submit verification/manufactures data of SHGC and U-factor for installed windows/doors

By signing below, I certify that all information provided on this application is accurate and that I have read and understand the program guidelines.

Name:	Date:
Title:	Signature:

Keep a copy of your records.

Please don't forget to send a copy of the <u>purchase receipt or invoice</u> with application.

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