

## **BPUB Commercial Windows Rebate Application**

Title:

Contact Information	on:						
Business Name:			Legal Business Name:				
Contact Person:			Contact Phone #:		Fax	Fax #:	
E-mail Address:	mail Address: BPUB Account #:						
Service Address:						Zip:	
Mailing Address:						Zip:	
Installation Proces	s:						
☐ Professional (	Contractor						
Contractor Name: Phone #:							
Address:							
☐ In-house							
Installation Inform	ation:						
Number of windows/do	oors:	U-Factor of in	stalled windows/do	ors:			
Solar Heat Gain Coeffic	ient (SHGC) of instal	led windows/doors:					
Type of Building:							
☐ Office	☐ Retail Store	Assembly	☐ School	☐ Hotel/Motel	☐Industrial		
Restaurant	Grocery	☐ Multi-Family	☐ Health Care	☐ Warehouse	Other		
Rebate Guidelines	1						
<ul> <li>Applicants are</li> <li>Applications rebate to be in the recipion of the recipion of</li></ul>	e subject to verificat must be submitted vissued ent must be a custor stallation must mate at be ENERGY STAR of glass doors must have the amount of 30% e itemized invoice or	within 30 days of inst mer of BPUB electric th address on accour certified re a U-factor of 0.60 of invoice cost or cor r purchase receipt fr	annot be completed allation of system.  services of the complete system.  or less with a Solar ost of windows; up to contractor or ve	, the rebate will not Please allow 3-6 wee Heat Gain Coefficien	eks after receipt of all t of 0.27 or less application	documentation for the	
By signing be	elow, I certify that all in	formation provided or	this application is acc	curate and that I have r	ead and understand the	e rebate guidelines.	

\_\_ Signature: \_\_\_