



**KPUB Attic Insulation
Rebate Application**

908.14-7
WO# 3800082

Completed By Customer

Customer Name: _____	Address: _____
KPUB Account Number: _____	Mailing Address: _____
Phone Number: _____	City: _____

Completed by Contractor

Insulation Contractor: _____	Phone Number: _____
Mailing Address: _____	Contractor Sign. _____

Insulation Information

Square Feet: _____	Type: Fiber Glass ___ Rockwool ___ Cellulose ___
Beginning R-Value: _____ (Must be R19 or less)	Open Cell _____ or Closed Cell _____
Final R-Value: _____ (Must be R38)	

Under penalty of perjury I certify that the above declaration is true and correct; and I understand that the information is subject to audit and investigation by KPUB and an on site verification may be required prior to payment of rebate. I also understand that submission of this application does not guarantee a rebate. The program will end when refunds are depleted.

Customer Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Acct. Received By: _____ Date: _____

**Return Completed Application to:
KPUB
P.O. Box 294999, Kerrville, Texas 78029-4999
Attention: Engineering Department
KPUB reserves the right to change program.**