



Commercial Lighting Rebate Application

908.14-7
WO# 3800081

Completed By Customer

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

Completed by Contractor

Electrical Contactor Name:	_____	License Number:	_____
Mailing Address:	_____	Permit Number:	_____
Contractor Signature:	_____	Phone Number:	_____

KPUB MUST HAVE A CURRENT COPY OF THE ELECTICAL CONTRACTORS LICENSE

Lighting Project Information

Address of Installation:	_____	City, State, Zip:	_____
Date of Installation:	_____		_____
LED Replacement Fixtures:	Qty: _____	LED Bulb Replacement:	Qty: _____
T-12 to T-8 Retro Fit	Qty: _____	LED Exit Signs:	Qty: _____
Occupancy Sensors:	Qty: _____		

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.