



KPUB Window Replacement Rebate Application

908.14-7
WO# 3800084

Completed By Customer

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

Completed by Contractor

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

Information on New Windows

Address of Installation:	_____	City:	_____	State:	_____
Date of Installation:	_____	Zip:	_____		
Brand of Windows:	_____	Type of Windows:	_____		
U Factor:	_____	Quantity:	_____		
Solar Heat Gain	_____				
Co-Efficient:	_____	Total Sq. Footage:	_____		

Information on Old Windows

Type of Windows:	_____	Quantity:	_____
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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:	_____
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Reviewed By:	_____	Date:	_____
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Approved By:	_____	Date:	_____
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Acct. Received By:	_____	Date:	_____
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Return Completed Application to:
KPUB
P.O. Box 294999., Kerrville, Texas 78029-4999
Attention: Engineering Department
KPUB reserves the right to change program