

SOLAR WATER HEATING OG-300 REBATE FORM

Member's Name: _____
 Spouse's Name: _____
 Member's Address: _____
 City: _____ State _____ Zip _____
 Mailing Address: _____
 (if different from above) City: _____ State _____ Zip _____
 Phone Number: _____ Acct #: _____
 Email Address: _____

System Information:

System Model Name	OG-300 Certification #	Collector Panel Manufacture	Collector Panel Name	Solar Tank Vol (g)	Aux Tank Vol (g)

Estimated Annual kWh Savings based on OG-300/SRCC Rating: _____ kWh
 Do all components match the components called for on the SRCC Certification Rating? YES No

Production Information:

Has a City/County Permit been secured? YES No

Installer Information:

Contractor's Name _____ Contractor's Company _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone Number _____ Email Address _____
 ROC# _____ Signature _____ Date _____

Project Cost:

Equipment/PV Cost	Labor Cost	Total Cost

Incentive Calculation:

Estimated Annual kWh Savings Based on OG300/SRCC Rating _____ kWh X \$0.40*
 = Total Utility Up Front Incentive \$ _____*
 * Estimated rebate amount in affect at the time the application is approved will apply.

Member's Signature _____ Date _____
 Spouse's Signature _____ Date _____