



City of Banning

Commercial Energy Conservation/Weatherization Rebate Application

First Name	Last Name	Initial	
Installation Address	City	State	Zip Code
Day Time Phone	Customer Account Number		
Purchase Date(s)	Installation Date(s)		

Circle items that apply:

Attic Insulation Exterior Wall Insulation Doors Windows Lighting

Window and Door Replacement (see attached worksheet):

Attic Insulation:

Rating/Level _____ (i.e. R-19) Mfg # _____ Total sq. ft installed _____

Exterior Wall Insulation:

Rating/Level _____ Mfg # _____ Total sq. ft installed _____

Lighting:

Type # _____ (i.e. T8 lamps) Total # of fixtures installed _____ Total Watts reduced _____

I certify that I am the owner(s) or tenant(s) of the real property where the improvements have been installed and that I have not previously received, or applied for, other utility financing or incentives for the improvements on this application. I also certify that the foregoing information is true and correct.

I understand and agree that the choice of improvements, the selection of contractors, the purchase of items and acceptance of materials used and work performed, and the payments thereof, is my responsibility. I understand that the City of Banning does not endorse, recommend or make any representations as to specific brands, products, contractors or dealers; nor does it guarantee material or workmanship. I also agree to allow the City of Banning Public Utilities to access my premises for verification purposes.

Applicant Signature

Date

Property Owner Signature

Date

*If Renter, property owner must sign here to release rebate amount to applicant.

For office use only:

Authorization for payment: _____

Signature (Public Benefits Coordinator)

Date

Signature (Public Benefits Program Manager)

Date