



# Commercial Solar Screen Rebate Application

## CONTACT INFORMATION

Business Name: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

BPUB Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## INSTALLATION PROCESS

☐ Professional Contractor

Contractor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

☐ In-House

## INSALLTION INFORMATION

Number of windows/doors: \_\_\_\_\_

Square Footage of Installed Screens: \_\_\_\_\_

% of SHG Blocked: \_\_\_\_\_

## TYPE OF BUILDING

☐ Office

☐ Retail Store

☐ Assembly

☐ School

☐ Hotel/Motel

☐ Industrial

☐ Restaurant

☐ Grocery

☐ Multi-Family

☐ Health Care

☐ Warehouse

☐ Other

### Rebate Guidelines:

- Applicants must be the business owner, facilities manager or property owner
- Applicants are subject to verification; if verification cannot be completed, the rebate will not be issued
- Applications must be submitted within 30 days of installation of system. Please allow 3-6 weeks after recipient of all documentation for the rebate to be issued
- Rebate recipient must be a customer of BPUB electric services
- Address of installation must watch address on account
- Only window and glass door screens installed outside of conditioned spaces will qualify
- Solar screens and films must block at least 65% of the Solar Heat Gain (SHG)
- \$1.00 per square foot installed; up to \$5,000 will be rebated
- Please include itemized invoice or purchase receipt from contractor or vendor along with this application

|                                                                                                                                                       |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| By signing below, I certify that all information provided on this application is accurate and that I have read and understand the program guidelines. |            |
| Name:                                                                                                                                                 | Date:      |
| Title:                                                                                                                                                | Signature: |

Keep a copy of your records.  
Please don't forget to send a copy of the [purchase receipt or invoice](#) with application.