

Final Application for Rebate

For the State of California's Cool Savings Program for Peak Load Reduction
This application must be faxed to your Program Administrator within two weeks of installation of your cool roof.

Building Owner /	Contact _____	Title _____
Property Manager	Company _____	
Information	Address _____	
	Street _____	City _____ Zip _____
	Telephone _____	Fax _____
	Check payable to: _____	

Rebate Information	Your cool savings project is eligible for the following rebates: <input type="checkbox"/> _____ square feet of roofing at a rebate of _____ per square foot <input type="checkbox"/> _____ square feet of ducting at a rebate of _____ per square foot <input type="checkbox"/> Installing an additional R-2 or greater of insulation, in conjunction with a qualifying cool roof, for an additional rebate of \$.05 per square foot. (NOTE: Initial existing R-value must be less than or equal to R-5 for insulation rebate.) For a total rebate of \$_____.
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Project Requirements	Roofing Product Type: <input type="checkbox"/> Coating <input type="checkbox"/> Single-ply Product Brand Name _____ Product Manufacturer _____ Please attach an invoice for roof work listing the products used. If insulation was added in order to receive additional rebate: Insulation Brand Name _____, R-Value _____ Insulation Product Manufacturer _____ Please attach an invoice for any roof insulation work. Date of Completion of Roof Work _____.
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Affidavit	The building owner or property manager listed above hereby indemnifies, defends and holds harmless the State of California, the Regional Contractors for the Cool Savings Program for Peak Load Electricity Reduction and their directors, officers, agents or employees against all claims, loss, damage, expense and liability asserted or incurred by other parties, including, but not limited to, State of California and Regional Contractor's employees or arising out of or in any way connected with performance of work relating to this rebate program. Signature _____ Date _____ Print Name _____
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