Approved: 01/01/2024



2024 WINDOW REBATE APPLICATION

All sections must be filled out, signed, and dated by a WA State registered contractor and the building owner as applicable. An incomplete form will not be processed. A copy of your final paid invoice(s) and/or receipt(s) need to be included with this form. You must have properly installed qualifying window(s) in an existing dwelling unit with a primary electrical heat source to qualify for this program. Programs are subject to change or cancellation without notice.

Site Information (please print clearly)
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Customer Name	Meter Number	Ins	Installation Date	
Installation Site Address	City	Со	Contact Phone #	
Mailing Address	City	State Zip		
Primary Building Heat Source: □ Electric Furnace W/ AC □ Existing Window Type (select o	Heat Pump Other:		ic Furnace W/O AC	
Existing Building Type: Invoice Provided "U"- Fa	uilt Home	me □ Mu	lti-Family Dwelling st be .30 or lower)	
Contractor: By signing below you a existing window type, the building is Weatherization Specifications, and a signature date below and this form a	existing construction, you have could measures associated with this pr	mpleted the oject were c	e measure(s) per BPA completed as of the	
Print Name	Signature		Date	
Owner: By signing below you are certifying the building's primary heat source is as noted above. I, if requested, will allow a representative of Grant County PUD to verify the installation of the measure.				
Print Name	Signature		Date	

For more information, please see www.grantpud.org/rebates.

For questions regarding Grant PUD's Residential Rebate Programs, please email us at EnergyServices@gcpud.org or call 509/766-2512.