

Approved for Payment: _____ Date: _____ (501-70-70-440-50-45410)

HOME ENERGY AUDIT REBATE PROGRAM APPLICATION

APPLICANT INFORMATION

Name of Utility account holder or property owner:

Audit address _____ Zip _____

Mailing address (if different from above) _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

E-mail Address _____

City of Gillette Utility account number _____

Type of Audit Conducted _____

Audit Date _____

REBATE AGREEMENT

I agree to the terms of the Home Energy Audit Rebate Program. As a participant in the program, I understand: The City of Gillette does not guarantee the outcome of any audit results. It is the responsibility of the homeowner to make appropriate decisions regarding work suggested as a result of the audit. The City does not make any claims or guarantees pertaining to the energy saving a homeowner may experience.

I have included the original receipt(s) with this application.

Signature _____ Date _____

(Same as printed on previous page)

VOLUNTARY MONITORING AND ASSESSMENT

I agree to authorize the City of Gillette Customer Service to review my utility account on an annual basis to document and evaluate any potential energy savings experienced as a result of this program. In addition, I give permission for a City representative to contact me to inquire about any improvements and/or retrofits I may have made to my home.

Approved By: _____ Date: _____

CITY OF GILLETTE USE ONLY

Total Rebate Amount: _____

Approved By: _____ Date: _____