

# SRP SHADE SCREEN REBATE PROGRAM

## APPLICATION INSTRUCTIONS, TERMS AND CONDITIONS

### A. INSTRUCTIONS FOR COMPLETING THE REBATE APPLICATION FORM

1. Complete the Customer Information section of the rebate application (Section A).
2. Have your contractor do the following:
  - a. Complete the Contractor/Installer information in Section B of the rebate application.
  - b. Specify if releasing rebate.
  - c. Complete the Shade Screen Information portion in Section C of the rebate application.
3. Mail the top copy of the completed rebate application and a copy of the dated paid invoice (showing the installation date, installation address, window orientation and square footage) to the following address:

#### SRP Shade Screen Rebate Program

2702 N. Third St., Suite 2020  
Phoenix, AZ 85004

4. Retain this page, a copy of your invoice and the pink customer copy of the completed rebate application for your records.
5. For more information about this program or assistance in completing your rebate application, call **(602) 266-7283**.

### B. IMPORTANT TERMS AND CONDITIONS

1. To qualify for a Shade Screen Rebate, the participant must:
  - a. Be a permanent SRP residential electric customer and reside in a single-family detached home, a single-family attached home (duplex, triplex or quadplex ONLY) or an apartment/condominium (duplex, triplex or quadplex ONLY).
  - b. Install new or refurbished shade screens that meet program requirements. The rebate application must be submitted within six months of the installation date. For current program requirements, rebate amounts and program effective dates, go to [savewithsrp.com](http://savewithsrp.com) or call the Arizona Energy Management Council answer line at **(602) 266-7283**.
  - c. With the assistance of your contractor or installer, submit a completed rebate application and a dated copy of the paid invoice.
  - d. Abide by the rules and rebate levels in effect at the date of installation.
  - e. Allow SRP or its agent to inspect the installed shade screen(s) to verify compliance with all rebate program requirements.
  - f. Have the shade screens installed by a contractor licensed to install shade screens by the Arizona Registrar of Contractors. Please call the Arizona Energy Management Council answer line at **(602) 266-7283** for more information.
2. To qualify for a Shade Screen Rebate, the installing contractor must:
  - a. Complete the Contractor/Installer and Shade Screen Information sections of the rebate application.
3. New or rebuilt, installed solar shade screens must be installed on sunstruck windows only — that means east-, west- and south-exposed windows — to qualify for the rebate. The material of the solar shade screens must block at least 80% of the solar heat gain. The screens must be installed on the exterior of clear glass windows that enclose an air-conditioned space. Motorized or retractable shade structures are not eligible for the rebate unless installed along with photocell solar sensor equipment.
4. Failure to provide any of the required information, including signatures, will result in the return of the rebate application.
5. SRP reserves the right to inspect the installed shade screens for compliance with the program requirements. If the shade screens are selected for an inspection, the rebate will be withheld pending the outcome of the inspection. If the shade screens are found in compliance, the rebate will be paid. If the shade screens are not in compliance, the customer and contractor will be notified. To qualify for the rebate, the customer is responsible for negotiating with the contractor to bring the shade screens into compliance. A reinspection using SRP's authorized inspectors must be completed and submitted to SRP. The contractor is responsible for the expense of a reinspection. SRP will process the application after receiving the reinspection documentation.
6. Program procedures, requirements and rebate levels are subject to change or cancellation without notice.
7. One rebate check will be issued per approved application to the person listed as the customer of record on the SRP account.
8. SRP makes no representations and provides no warranty or guarantee with respect to the design, manufacture, construction, safety, performance or effectiveness of the shade screens, including any warranties of merchantability or fitness for a particular purpose. The contractor selected by the customer is solely responsible for the proper installation of the shade screens as well as the delivery and workmanship related to any equipment or services the customer procures. The customer is responsible for the selection and supervision of the contractor to ensure that the contractor complies with the requirements of the SRP Shade Screen Rebate Program. SRP assumes no responsibility for the quality or oversight of contractor services.
9. The Terms and Conditions set forth herein constitute a complete statement of the Terms and Conditions applicable to this promotion and supersede all prior representations or understandings, whether written or oral. SRP shall not be bound by or liable for any statement, representation, promise, inducement or understanding of any kind that is not set forth herein. SRP reserves the right to change or cancel this promotion or its Terms and Conditions at any time.



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# SRP SHADE SCREEN REBATE PROGRAM APPLICATION

## A. CUSTOMER INFORMATION (PLEASE PRINT)

SRP Residential Account Number: \_\_\_\_\_ Email: \_\_\_\_\_

SRP Residential Customer Name: \_\_\_\_\_  
FIRST NAME MI LAST NAME

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Installation (Service) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Number of Levels: \_\_\_\_\_ Year Built: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_

**HOME TYPE:**  Single-family detached  Single-family attached (duplex, triplex or quadplex ONLY)  
 Apartment/condominium (duplex, triplex or quadplex ONLY)

I have read, have understood and am in compliance with all the rules and regulations concerning this rebate program.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### How did you hear about this offer? (Check all that apply.)

- |  |   |   |                                      |                                   |
|--|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> SRP Home Performance with ENERGY STAR® Recommendation | <input type="checkbox"/> Billboard/Outdoor Ad | <input type="checkbox"/> Contractor         | <input type="checkbox"/> Email       | <input type="checkbox"/> TV       |
| <input type="checkbox"/> SRP Representative                                    | <input type="checkbox"/> Home/Trade Show      | <input type="checkbox"/> Family/Friend      | <input type="checkbox"/> Online Ad   | <input type="checkbox"/> Radio    |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Movie Theater        | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Mail        | <input type="checkbox"/> SRP Bill |
|  | <input type="checkbox"/> Retailer/Store       | <input type="checkbox"/> Sporting Event     | <input type="checkbox"/> SRP Website | <input type="checkbox"/> Truck Ad |

## B. CONTRACTOR/INSTALLER (ALL FIELDS MUST BE COMPLETED BY THE INSTALLING CONTRACTOR)

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Initial if releasing rebate to contractor (application must be accompanied by rebate assignment form): \_\_\_\_\_

## C. SHADE SCREEN INFORMATION (ALL FIELDS MUST BE COMPLETED BY THE INSTALLING CONTRACTOR)

New  Repair  Screens were mounted on windows of an air-conditioned dwelling.

### WINDOW ORIENTATION AND SQUARE FOOTAGE OF SOLAR SHADING

East: \_\_\_\_\_ Sq. Ft. Shade: \_\_\_\_\_% West: \_\_\_\_\_ Sq. Ft. Shade: \_\_\_\_\_% South: \_\_\_\_\_ Sq. Ft. Shade: \_\_\_\_\_%

Total Sq. Ft.: \_\_\_\_\_ Number of Shade Screens Installed: \_\_\_\_\_  Single-Pane Windows  Double-Pane Windows

By signing this application, the contractor certifies that the information above is correct and that the work has been performed in an acceptable manner.

Contractor Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_ Installation Date: \_\_\_\_\_

## ESTIMATED WINDOW SHADE SCREEN REIMBURSEMENT CALCULATION

Total Sq. Ft. \_\_\_\_\_ x \$0. \_\_\_\_\_ \*

White: SRP Copy

Yellow: Contractor Copy

Pink: Customer Copy



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