



HOLY CROSS ENERGY

A Touchstone Energy® Cooperative 

Custom Efficiency Rebate Application Pre-Approval Required

Please complete the form for custom efficiency measures and submit **BEFORE** you begin the project. Project will be evaluated for potential rebate and you will be contacted of the rebate amount or if denied. **Converting from electricity to natural gas, oil or propane will not be considered as a means of obtaining kilowatt hour savings.** Submit custom application to rebates@holycross.com or mail to Holy Cross Energy, Attn: WE CARE, PO Box 2150, Glenwood Springs, CO 81602. Questions: contact Mary Wiener at 970-947-5432

Business Customer Information

Account Number (9 digits) _____ Date Submitted _____

Account Holder Name _____ Phone _____ Email _____
(As shown on your utility bill)

Service Address _____ City _____ State CO Zip _____

Facility Type: ___ Hospitality ___ School ___ Municipality ___ Medical Center ___ Retail ___ Other _____

Account holder hereby certifies that 1. The account holder is solely responsible for the accuracy of the application information; 2. All installation is complete and operational prior to submitting this application; 3. All rules of Holy Cross energy efficiency program have been followed; 4. Holy Cross is not liable for any work performed; 5. Account is in good standing (no more than 2 delinquent payments in 12 months). By typing your name below, you are agreeing to all terms of this rebate application.

Account Holder Signature _____ Date _____

Rebate Check Issued to Another Party

Note: Complete this section only if the rebate should be issued to someone other than the account holder named above.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I authorize the above party to receive the rebate check.

Account Holder Signature _____ Date _____

Equipment Supplier

Vendor Name _____

Contact Person _____ Phone _____

Address _____ City _____ State _____ Zip _____

Project Description

Describe project including detail of energy savings measure:

Expected completion date (must be completed within 6 months of pre-approval): _____

Proposed Equipment

Please complete the proposed equipment information below. A detailed proposal may also be included. This information is required for project analysis.

	Existing Equipment	New Equipment
Equipment Type		
Manufacturer		
Model Number		
Wattage or kilowatts (kW)		
Quantity		
Annual Hours of Operations		
Estimated Life of Measure (years)		
Cost Breakout of New Equipment (excluding permit fees and sales tax)		
Equipment		
Installation		
Recycling Fee (lighting)		
TOTAL		

Verification

Complete the following **AFTER** project completion

The following changes were made from above proposal:

By signing here, I confirm that this project is installed and operational.

Account Holder Signature _____ Date _____