

# 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: \_\_\_\_\_

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

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

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

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

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.)

- SRP Home Performance with ENERGY STAR® Recommendation  Billboard/Outdoor Ad  Contractor  Email  Family/Friend  
 Home/Trade Show  Mail  Movie Theater  Newspaper/Magazine  Online Ad  Radio  Retailer/Store  Sporting Event  
 SRP Bill  SRP Representative  SRP Website  Truck Ad  TV  Other: \_\_\_\_\_

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

Company Name: ARIZONA RAINGUTTERS & SHADE EXPERTS

Company Street Address: 1050 N FAIRWAY DRIVE SUITE C111

City: AVONDALE State: ARIZONA ZIP: 85323

Daytime Phone: 623-271-8538 Fax: 623-271-9963

## 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): Arizona Rain Gutters & Shade Experts Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Email: ngribilos@azraingutters.com

Contractor License Number: 251582 / 202705 Installation Date: \_\_\_\_\_

### ESTIMATED WINDOW SHADE SCREEN REIMBURSEMENT CALCULATION

Total Sq. Ft. \_\_\_\_\_ x \$0.\_\_\_\_ \* Reimbursement per Sq. Ft. = \$ \_\_\_\_\_

\*See [savewithsrp.com](http://savewithsrp.com) for the current rebate amount.

