

2025 Evaporative Cooling Rebates

APPLICATION FORM



All rebate applications are due by December 31st the year of equipment purchase and installation.

1 EPE CUSTOMER INFORMATION

In order to be eligible for rebates, rebate forms may be completed online or mailed along with a copy of receipt or contractor invoice to the address below.

Rebate processing takes approximately 4-6 weeks. Terms and conditions subject to change without notice.

EPESaver Rebate Center
 1515 S Capital of Texas Hwy,
 Suite 110
 Austin, TX 78746
www.epesaver.com

EPE Account Number for Install Location: (10 digits)

Customer/Business Name:

Telephone: Applicant's Email:*

Account Address:

City: State: ZIP:

Mailing Address: (if different)**

City: State: ZIP:

* Email rebate correspondence will be sent to the email address specified in this field
 ** Rebate check will be mailed to the account address unless a different mailing address is provided

2 INSTALLATION INFORMATION (Must complete all fields)

Project cost from invoices/receipts: \$

Evaporative Cooling

Please provide photo of installed system nameplate or include system model # on invoice

Project Completion Date:

Manufacturer	Model Trade or Brand Name	Model #	Serial #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building Type: (Check one)

<input type="checkbox"/> Assembly	<input type="checkbox"/> Education - Primary School	<input type="checkbox"/> Education - Relocatable Classroom
<input type="checkbox"/> Education - Sec. School	<input type="checkbox"/> Grocery	<input type="checkbox"/> Manufacturing - Light Industrial
<input type="checkbox"/> Office - Small	<input type="checkbox"/> Restaurant - Fast Food	<input type="checkbox"/> Restaurant - Sit Down
<input type="checkbox"/> Retail - Small	<input type="checkbox"/> Storage - Conditioned	<input type="checkbox"/> Other

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3 CONTRACTOR INFORMATION

Company Name: License #: (if applicable)
Contact Person: Phone:

4 APPLICANT ACKNOWLEDGEMENT

Please refer to EPESaver.com for additional information regarding eligibility criteria
(Signed by EPE customer if owner occupied or landlord if renter occupied)

By signing below, I acknowledge that: (1) the measure installation listed herein has been installed to my satisfaction; (2) if contacted by EPE or Frontier Energy, I agree to allow access to my property to inspect the measure installation; (3) neither EPE nor Frontier Energy assumes any liability whatsoever relating to the measure installation or performance; (4) all information provided in this rebate form is accurate to the best of my knowledge and (5) **I acknowledge that the project would not have been accomplished or would have been completed with a lower level of efficiency without the assistance of the EPE Energy Efficiency Program.**

Applicant Signature: Date:

5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL
(Property owner must complete and sign only if rebate is to be issued to contractor)

By signing below, I am authorizing the payment of the rebate to the contractor (named below), and I understand that I will **NOT** be receiving the incentive payment from El Paso Electric.

Applicant Signature: Date:
Contractor Company Name: (for payment)
Mailing Address:
City: State: ZIP: