2025 Refrigeration Rebates APPLICATION FORM



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

1	EPE CUSTOM	ER 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.	EPE Account Number for Install Location: (10 digits) Customer/Business Name: Telephone: Account Address:		Applicant's Email:*		
Rebate processing takes approximately 4–6 weeks. Terms and conditions subject to change without notice.	City: Mailing Address: (if d	ifferent)**	State:	ZIP:	3
EPESaver Rebate Center 1515 S Capital of Texas Hwy, Suite 110 Austin, TX 78746 www.epesaver.com	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	INSTALLATIO	N INFORMATION (Must complete	all fields)	
	Project cost from invo	pices/receipts: \$			
Solid and Glass Door Reach-ins Please attach photos documenting product nameplate, door type, and volume	Number of Units: Manufacturer: Model Number: Door Type: Unit Type: Unit Volume: (cu. ft)	Solid Refrigerator	Glass Freezer		
Refrigerated Door Gaskets Please attach pre and post photos of door gaskets documenting door length, gap width, and gasket condition	Length of Installed Door Gasket (ft) for Walk-in or Reach-in Cooler: Length of Installed Door Gasket (ft) for Walk-in or Reach-in Freezer:				
3	CONTRACTOR INFORMATION				
	Company Name: Contact Person:		License #: (if applic	eable)	

New Mexico Commercial

2025 Refrigeration Rebates

APPLICATION FORM



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:	
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5 PAYMENT RELEASE AUTHORIZATION

OPTIONAL

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

, , ,		ent of the rebate to the contra nt from El Paso Electric.	actor (named below), and I understand tha
Applicant Signature:			Date:	
Contractor Company	Name: (for payment)			
Mailing Address:				
City:		State:	ZIP:	