

2025 Water Conservation 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: \$

Faucet Aerators

Please provide documentation of product flow rate (GPM)

Building Type: (Check one)

Dormitory Hospital Hospitality Nursing Home

Prison School, Primary School, Secondary Other

Number of FAs:

Manufacturer: Model #:

Flow Rate (GPM): (Check one) 0.5 GPM 1.0 GPM

Low-Flow Showerheads

Please provide documentation of product flow rate (GPM)

Application Type: (Check one)

Employee Fitness Center Health Care Hospitality

School, K-12 Other

Number of LFSHs:

Manufacturer: Model #:

Flow Rate (GPM): (Check one) 1.5 GPM 2.0 GPM

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Pre-Rinse Spray Valves

Please provide documentation of product flow rate (GPM)

Building Type: (Check one)

- Hospital
- Restaurant, Fast Food
- University Dining Hall
- Nursing Home
- Restaurant, Sit Down
- Other
- Prison
- School, K-12

Number of PRSVs:

Manufacturer:

Model #:

Flow Rate (GPM): (Check one) 1.1 GPM 1.25 GPM

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: