

Roseville Electric's Residential New Construction Program



Request For Payment

BUILDER INFORMATION								
Builder/Company Name	Contact Name		Phone Number					
Phone Number	City/State/Zip		I					
PROJE	CT INFORMATION							
Project Name/Home Owner Name (if known)			Phone Number					
Project Address (use Multiple Address List if necessary)	City/State/Zip							
REFUND INFORMATION		REQUESTED	APPROVED RE USE ONLY					
☐ Preferred Homes Rebate	units x \$500	\$	\$					
☐ Shade Tree Rebate	trees x \$30	\$	\$					
I certify that the installation of energy efficient equipment and systems meets the Program eligibility requirements and that the information I have provided is true and correct. I further certify that no refund is being received, or applied for through any other incentive program, which would provide incentive for the same measures/equipment being used as criteria in qualifying for Roseville Electric's Preferred Homes Program. I understand that the final refund payment is subject to an on-site verification of equipment and systems installation and operational integrity by an RE representative.								
Applicant Signature	Date							
Send Check To:	Tax II	D Number:						
Street Address	City/State/Zip							

Return the following:

- 1) This Request for Payment Form,
- 2) Multiple Address List (if applicable)
- 3) Tight Duct Certificate
- 4) Manufacturer's data sheets or invoices showing product efficiency information if different from application package submitted.

Mail to: Roseville Electric Preferred Homes Program • 2090 Hilltop Circle • Roseville, CA 95747

Thank you for participating in Roseville Electric's Residential New Construction Program. If you have any questions concerning your refund payment or other related matters, please call 916-797-6937.

					RE	USE ONLY B	BELOW					
PAYMENT INFORMATION			PREAPPROVAL AMOUNT		REMAINING FUNDS							
Req. #		# of Units	Kw		Kwh			# of Units				# of Units
						\$			\$			
APPR	OVALS	•			•			•				
					Date							
					ACC	OUNTING US	E ONLY					
Vendor # Invoice #		Attachments			Date to Accounting							
							☐ Yes	□ No				
СО	Line Code				Description				Ar	nount	GL Account	Order
				•		•		•				



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Address List Form

PROJECT NAME		PHASE #	DATE	
Lot#	Plan #	Address	Completion Date	# Qualifying Shade Trees

