

It Pays to Save

Prime Window Replacement **Rebate** Form



PO Box A
Spokane, WA 99219
Phone (509) 747-7151
FAX (509) 747-7987

Member Information

Name: _____ Membership Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Installation Address: _____

Inland Power and Light is offering a \$3 per square foot incentive for prime window replacements in existing single family and manufactured homes which are electrically heated.

- **Existing windows must be either single pane wood or metal frame, (with or without storms), or double pane windows with metal frames.**
- **Replacement windows must have a u-value of .30 or less. Patio doors must have a u-value of .35 or less.**
- **Replacement installation that results in increased window area is not allowed under this program.**
- **Self-installed windows require a pre and post-inspection by an Inland representative.**
- **Contractor installed windows must have a pre-existing window condition and U-factor of newly installed windows clearly stated on their invoice.**

Type of Home: Site Built Home: Manufactured Home:

Type of Heating: _____ Yr. Home was Built: _____

Pre-existing windows (Please choose glass type and frame type):

Single Pane Double Pane

Metal Frame Wood Frame

Number of windows replaced: _____ Total sq. ft of glass replaced: _____

Installed by: _____ Installation Date: _____

Please fill out this form in its entirety and include a copy of your invoice, and documentation indicating U-factor rating for each window installed. (Copies of window stickers will satisfy this requirement.)

I certify that these windows were purchased and installed at the above address. I will allow a representative of Inland Power and Light to verify installation of the windows. I understand that it is my responsibility to ensure the windows have been installed in compliance with applicable codes. Inland Power and Light is free from all liability arising from the installation of the windows.

Member signature: _____ Date: _____

IPL USE ONLY

Vendor # _____

Measure Qualifies as:

RTF Ref. # _____ kWh _____ BPA CR _____ GL# 908.31 | Amt. _____

INSPECTED BY _____ DATE _____ PAYMENT AUTHORIZED _____ DATE _____