## **Non-Residential Project** <u>Rebate Application</u>

Klickitat PUD	www.klickitatpud.com		
1313 S. Columbus Ave.	(509) 773-7622 or (800) 548-8357		
Goldendale, WA 98620	aclever@klickpud.com		
Business Name (as printed on check):	Account #:		
Mailing Address: (for rebate check)			
Phone:	Email:		
Installation Address (if different)			
Type of work:  Retro-fit  New Construction	on 🗆 Major Renovation 🗆 Change in occupancy type		
	Upgrades   Weatherization  Refrigeration		
$\Box$ VFD's/pumps $\Box$ Irrigation Hardware $\Box$ Com	pressed Air 🗆 Food Svc Equipment 🗆 Water Heaters		
□Other			
Business Information: Building/Field/Well Id	entifying Name:		
Business Sector: $\Box$ Commercial $\Box$ Industrial $\Box$	1 Agricultural 🗆 Federal		
Type of Business:  Office  Retail  Ware	ehouse 🛛 Lodging 🖓 School 🖓 Grocery 🖓 Food Service		
□ Medical □ Crops: Type □ Vineya	ard 🗆 Livestock 🗆 Other		
Hours of Operation/Months irrigated:			
Building Specifics: (If applicable)			
Conditioned area total square feet:	Year Built:		
Is the primary heat source electric: $\Box$ Yes $\Box$ N	Io Is there a natural gas connection:   Yes  No		
Existing electric heating system:   Furnace	🗆 Heat pump 🛛 Zonal (Baseboard) 🛛 Radiant		
Ductless Heat Pump Dother			
Is existing thermostat web enabled: $\Box$ Yes $\ \Box$	No		
Other Specifics: (If applicable) FOR THIS PRO	DIECT ONLY		
Field Location	□ Acres irrigated □ Crop Type		
Current Irrigation type:  Pivot  Wheel  Har	ıd 🗆 Other		
Current Pump Style: Centrifugal Turbine	Submersible Current Horse Power:		
	Old pump rated efficiency%		
Existing pump horsepower Age of	of old pump(years)		
New pump data: Horsepower, Ir	npeller type: 🗆 Bronze or 🗆 Stainless steel		
Pump headTDH, Pump flow	GPM, Rated efficiency%		
□ Pump curve attached, mark operating poir	it, indicate pump manufacturer and model		
*Additional information may be needed to	evaluate this request. This application is NOT a guarantee		
of project acceptance			
By signing below, I certify that the information su belief and that I have read and comply with the P	pplied above is true and accurate to the best of my knowledge and Participation Requirements and Instructions.		

Customer Signature	Date		
This Section for KPUD use only			
Project Name/Number:	Sector:	Budget Cycle:	

KPUD reserves the right to make changes to the program based upon any changes BPA makes and is subject to the availability of funds.