CITY OF VERNON
Customer Incentive Program
Air Compressor Pre-Installation Application
(For Information Only)

Customer Name: _____

DBA Business Name: _____ Federal Tax ID: _____

Customer Contact: _____ Phone Number: _____

Installation Address: _____ Vernon, CA Zip Code _____

CUSTOMERS MAILING ADDRESS FOR REBATE CHECK

Name of Payee: _____

Address: _____ City: Vernon State: CA Zip Code: _____

(To be eligible for rebates, this application must be completed, signed and submitted to the City of Vernon before project work starts.)

Thank you for your interest in the Customer Incentive Program. Please provide a summary of your project proposal. In particular, please describe the energy savings and/or replacement equipment of your proposed project.

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COMPRESSOR INFORMATION

Manufacturer: _____ Model: _____ Compressor Type: _____

Type of Control: _____

	COMPRESSOR PERFORMANCE SPECIFICATIONS (@ Full Load)
Pressure	Psig
Air Flow (Load)	ACFM
BHP	
BHP/100 ACFM	
	COMPRESSOR OPERATING CONDITIONS
Nominal Operating Press. At Compressor Discharge	Psig
ACFM (Corrected)	

MOTOR INFORMATION:
Motor Size (HP): _____ Service Factor: _____ Efficiency (nameplate): _____ (at full load)

ENERGY USAGE ESTIMATE

Load Level (ACFM)	Hours of Operation @ Load Level	BHP/ kW @ Load Level	kWh
TOTAL		N/A	

AGREEMENT CLAUSE: I/We agree as follows: 1) To begin the project within 90 days of initial registration and finish within 90 days of project commencement; 2) To allow the Vernon Light & Power Department to conduct scheduled site visits to verify installation of the hardware specified in this project; 3) To provide the original, itemized, paid proof of purchase (sales slip or invoice), complete a post-installation application, manufacturers specifications and performance sheets, and worksheet showing actual kW or kWh saved and size, and efficiency of installed equipment (as applicable) all at completion of project; 4) This rebate is not to exceed seventy-five thousand dollars or fifty percent of the paid proof of purchase (sales slip or invoice), whichever is less; 5) Rebate will be calculated per the rebate schedule in effect at the time of approval of this application; 6) Rebates are subject to availability of funds; 7) That the City of Vernon may withhold payment of any rebate until satisfaction of any and all of the above listed conditions are met.

Customer Signature: _____ Title: _____

Printed Name: _____ Date: _____

Vernon Light & Power Dept. Only (Worksheet must be attached for Each Project)

Date Pre-Inspection: _____ Inspector Name: _____

CITY OF VERNON
Customer Incentive Program
Air Compressor Post-Installation Application
(For Information Only)

Customer Name: _____

DBA Business Name: _____ Federal Tax ID: _____

Customer Contact: _____ Phone Number: _____

Installation Address: _____ Vernon, CA Zip Code _____

CUSTOMERS MAILING ADDRESS FOR REBATE CHECK

Name of Payee: _____

Address: _____ City: Vernon State: CA Zip Code: _____

ATTACHMENTS TO BE INCLUDED WITH THIS FORM: A) Installer's statement of Actual equipment installation (size and specifications) and/or kWh or kW savings computation. B) Copies of manufacturer's specifications and performance data, C) Original, itemized, paid proof of purchase (sales slip or invoice).

Thank you for your interest in the Customer Incentive Program. Please provide a summary of your project. In particular, please describe the energy savings and/or replacement equipment of your project.

_____

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COMPRESSOR INFORMATION

Manufacturer: _____ Model: _____ Compressor Type: _____

Type of Control: _____

	COMPRESSOR PERFORMANCE SPECIFICATIONS (@ Full Load)
Pressure	Psig
Air Flow (Load)	ACFM
BHP	
BHP/100 ACFM	
	COMPRESSOR OPERATING CONDITIONS
Nominal Operating Press. At Compressor Discharge	Psig
ACFM (Corrected)	

MOTOR INFORMATION

Motor Size (HP): _____ Service Factor: _____ Efficiency (nameplate) _____ (at full load)

ENERGY USAGE

Load Level (ACFM)	Hours of Operation @ Load Level	BHP/ kW @ Load Level	kWh
TOTAL		N/A	

AGREEMENT CLAUSE: I/We agree as follows: 1) To begin the project within 90 days of initial registration and finish within 90 days of project commencement; 2) To allow the Vernon Light & Power Department to conduct scheduled site visits to verify installation of the hardware specified in this project; 3) To provide the original, itemized, paid proof of purchase (sales slip or invoice), manufacturers specifications and performance sheets, and worksheet showing actual kW or kWh saved and size, and efficiency of installed equipment (as applicable) all at completion of project; 4) This rebate is not to exceed seventy-five thousand dollars or fifty percent of the paid proof of purchase (sales slip or invoice), whichever is less; 5) Rebate will be calculated per the rebate schedule in effect at the time of approval of this application; 6) Rebates are subject to availability of funds; 7) That the City of Vernon may withhold payment of any rebate until satisfaction of any and all of the above listed conditions are met.

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