

Control Num. \_\_\_\_\_



# COMMONWEALTH OF PUERTO RICO

ARRA -STATE ENERGY PROGRAM  
SOLAR WATER HEATER REBATE PROGRAM



## Rebate Reservation Form

Send Via **Certified Mail** or **Hand Deliver** To:  
SOLAR WATER HEATER REBATE PROGRAM  
Puerto Rico Infrastructure Financing Authority  
Capital Center, North Tower, 16th floor  
235 Arterial Hostos Avenue  
San Juan, Puerto Rico 00918-1454

**Applicant Information:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vendor Information:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax Num.: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Identification Number (EIN): \_\_\_\_\_ Email: \_\_\_\_\_

**Installer (if different from Vendor):**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*Equipment Information: (\*equipment selected from PREAA approved list)**

Installed Cost: \$ _____	Collector Sq. Ft.: _____	Tank Capacity (gal.): _____	System SRCC kWh Savings (if available): _____
Tank Mfg.: _____		Solar Collector Mfg.: _____	
Model #: _____		Model #: _____	

**System Replaced:**

Electric ( \_\_\_\_\_ kw)  Gas      Power consumption \_\_\_\_\_ kW      How old was the replaced system \_\_\_\_\_ (years)

**Certification:**

*I certify that the above listed solar water heating system meets the State Energy Program Regulation and that all documentation submitted is true and correct to the best of my knowledge. Also, I certify that I have read, understood and agree with the ARRA State Energy Program Regulation and that the replaced water heater will be properly disposed.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

