

Program # 1 VIRGIN ISLANDS ENERGY OFFICE REBATE PROGRAM

(Please Print or Type)

NAME	_____	_____	_____
	Last, First, Middle Initial	Business Name	Sailing Vessel
	_____	_____	_____
	Social Security Number	Bus. Tax ID Number	Vessel registration #
INSTALLATION ADDRESS	_____	_____	_____
	Street	Street	Mooring
	_____	_____	_____
	City/State	City/State	Zip Code
	_____	_____	_____
	Zip Code	_____	_____
MAILING ADDRESS	_____	_____	_____
	Street or P.O. Box	Street or P.O.Box	_____
	_____	_____	_____
	City/State	City/State	Zip Code
	_____	_____	_____
	Zip Code	_____	_____
	Telephone # _____	Telephone # _____	_____

For Dealer's and VIEO use only

PURCHASED FROM	_____	1. Item(s) _____	Brand Name: _____
	Dealer's name	Model #(s) _____	Serial # (s) _____
	_____	2. Item(s) _____	Brand Name: _____
	Street	Model #(s) _____	Serial # (s) _____
	_____	3. Item(s) _____	Brand Name: _____
	City/State	Model #(s) _____	Serial # (s) _____
	_____	Dealer's or VIEO Signature	_____
	Zip Code	Price Paid: _____	Quoted Rebate: _____
	_____	Purchased Date: _____	_____
	_____	RECEIPT # _____	_____

System Type: Solar Wind Hybrid Size _____ Estimated KWh Output per day _____ Grid Tie: Yes No
SWH: Type _____ Collector Size _____ Gallons _____

Verify that the following documents are attached: Original Receipt, W-9 (including mailing address).

I understand this rebate offer applies to residents of the U.S. Virgin Islands only. I also understand rebated items must be installed in the U.S. Virgin Islands. The V.I. Energy Office reserves the right to request proof of residency, i.e., V.I. Income Tax documents.

I understand that I must submit my application within 30 days of the purchase date along with the original sale receipt.

I certify that all information supplied here is true and correct. I understand that the V.I. Energy Office reserves the right to inspect items to ensure that they are installed at the above address; failure will result in repayment or return of rebate funds.

I understand that submission of a false claim involving ARRA 2009 funds is considered a violation under the False Claims Act and will be reported to the US Department of Energy and/or the appropriate legal entity.

I recognize the right of the V.I. Energy office to terminate this program at any time.

APPLICANT SIGNATURE _____

QUESTIONNAIRE

- Are you buying this item as a homeowner tenant landlord building contractor?
- Is the installation Residential Business 2-4 family residence condominium?
- Major reason for making this purchase? replacement household necessity remodeling new home
- Is the new item smaller than same size larger than the old appliance?
- Would you have purchased this item if the rebate were not offered? Yes No
- What will you do with the old item? discard give away sell trade-in continue to use

OPTIONAL :

PLEASE HELP US DETERMINE THE DEVELOPMENT OF THIS PROGRAM BY ANSWERING THE FOLLOWING QUESTIONS:

- Have you received a rebate from VIEO before? If yes, on what year(s) _____, _____, _____ Item (s) _____, _____, _____, _____
- Household size: 1-3 4-6 7 or more
- Household Income: Below \$19,000 \$20,000 - \$29,999 \$30,000 - \$39,999 \$40,000 - 50,000 \$51,000 +