



Solar Rebate Application

Member Name: _____ Member Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Site Address: _____

City: _____ Zip Code: _____

System DC Rating: _____ System Rebate Amount: \$ _____

Solar Dealer Name: _____

Solar Dealer Address: _____

Solar Dealer Phone Number: _____

*Please note: If you don't receive a verification of rebate funds in 10 business days please contact Consumers Power at info@cpi.coop or (541) 929-8520.