



2020 Development Fee Rebate Application

Customer Information

| | | | |
|---|-------|-------|----------|
| Customer Name | Phone | Email | |
| Mailing Address | City | State | ZIP Code |
| Installation Address (if different from mailing address) | City | State | ZIP Code |
| HMU Electric Account Number | | | |
| How did you learn about the program? <input type="checkbox"/> My Utility <input type="checkbox"/> Social Media <input type="checkbox"/> Mail/Bill Insert <input type="checkbox"/> Event <input type="checkbox"/> Contractor <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Other: _____ | | | |
| Receive Rebate As: <input type="checkbox"/> Credit Posted to Account <input type="checkbox"/> Mailed Paper Check | | | |

| Local Supplier | Qualifying Construction Materials | Invoice Number |
|----------------|-----------------------------------|---|
| | | <input type="checkbox"/> Receipt/Invoice Attached |
| | | <input type="checkbox"/> Receipt/Invoice Attached |
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Certifications and Signature

I hereby certify that: 1. The information contained in this application is accurate and complete. 2. All rules of this incentive program have been followed. 3. I agree to verification of equipment/material installation which may include a site inspection by a City of Higginsville representative. I understand that I am not allowed to receive more than one incentive from this program for any equipment/material. I hereby agree to indemnify, hold harmless and release the City of Higginsville from any actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages. I understand that my submittal of the requested information is for the sole purpose of my program participation. I further understand that this information will be treated as confidential to the extent permitted by law.

| | | |
|--------------------|------------|----------------|
| Customer Signature | Print Name | Date Submitted |
|--------------------|------------|----------------|

FOR DEPARTMENT USE ONLY

| | | |
|---|------------|-------|
| <input type="checkbox"/> Approved \$: _____ <input type="checkbox"/> Denied Reason: _____ | | |
| <input type="checkbox"/> Worksheet Attached | | |
| Staff Name: | Signature: | Date: |
| Administrative Staff Name: | Signature: | Date: |