



# Window Replacement

**Directions:** Submit the completed rebate form with all required documentation. Rebate claims must be received within 90 days of purchase or installation to Idaho County Light & Power Coop., PO Box 300 Grangeville, ID 83530 or e-mail: [holman@iclp.coop](mailto:holman@iclp.coop).

**TO QUALIFY:**

- PRE AND POST INSPECTION -call office for information
- HOME MUST BE ELECTRICALLY HEATED (HEAT PUMPS QUALIFY)
- ORIGINAL WINDOW MUST BE SINGLE PANE WOOD FRAME, OR, SINGLE OR DOUBLE PANE METAL FRAME
- NEW WINDOW MUST HAVE A U-VALUE OF .30 OR LESS, PATIO DOORS .35 OR LESS
- REBATE IS BASED ON ORIGINAL WINDOW SQUARE FOOTAGE

**Window Replacement Rebate:**

- Any Electric Heat - U-value of .22 or less - \$8.00 per Sq. ft.
- U value of .30 or less - \$6.00 per Sq. Ft.

**Required Documentation:**

- \_\_\_ Proof of u-value for each window type (window stickers or equivalent)
- \_\_\_ Proof of purchase (contractor invoice or receipt) showing number of windows and square footage of windows or patio doors replaced, date and cost
- \_\_\_ Documentation of original window count and square footage

**Original Windows**    \_\_\_ Single pane wood frame    \_\_\_ Single pane metal frame    \_\_\_ Double pane metal frame

Number of Windows Replaced \_\_\_\_\_ Square Footage of Windows Replaced \_\_\_\_\_

**Applicant and Site Information (complete all sections)**

Name \_\_\_\_\_ Account Number \_\_\_\_\_ Phone \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Purchase/Installation Date \_\_\_\_\_

Home Type: \_\_\_ Site Built \_\_\_ Manufactured \_\_\_ Multi-Family Year Built \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Heating Fuel: \_\_\_ Gas/propane/oil \_\_\_ Electric

Heating System: \_\_\_ Forced Air \_\_\_ Wall Heaters \_\_\_ Heat Pump \_\_\_ Other \_\_\_\_\_

I certify that the above items were purchased and installed at the above listed service address. I will allow an ICL&P representative to verify installation and/or operation at their discretion. I understand that it is my responsibility to ensure the items were installed in compliance with applicable codes. ICL&P disclaims and is free from all liability arising from the installation and/or operation of the said items. I also understand that ICL&P will make the final determination of any incentive that I will receive. ICL&P rebate programs are subject to change without notice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ICL&P Use Only: approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

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