



## Efficiency Yarmouth Rebate RESERVATION Form

I am requesting a reservation for the maximum Efficiency Yarmouth rebate (\$2,000) for:

- A Yarmouth homeowner that is a permanent resident, and is
- Prequalified to receive Efficiency Maine Trust's (EMT) Low-and-Moderate Income enhanced rebates.

If not requesting the maximum, please note the total rebate amount you are requesting:  
\$ \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Resident Address: \_\_\_\_\_

### CERTIFICATION

I understand that the Efficiency Yarmouth rebate funding is limited and that I am applying for a *reservation* to access this funding upon completion of eligible service. Rebate reservations are held for a maximum of 6 (six) months from the date I have requested the reservation.

I understand that additional documentation, including proof of EMT rebate receipt, a valid certificate of insurance, and a completed W9, will need to be submitted by me in order to receive the rebate. I further certify that the Town of Yarmouth is not responsible in any way for the quality, operation, or outcomes of the services or equipment that I provide to the customer.

I further certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the Town of Yarmouth's right to verify the same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information (to notify you of reservation confirmation and expiration)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (optional): \_\_\_\_\_



**For Town of Yarmouth Staff**

\_\_\_\_ Applicant provided proof of customer prequalification for Efficiency Maine income based rebate

\_\_\_\_ Prequalification matched the customer name and address documented on this form

**I certify that I have reviewed all proper documentation and attached all relevant documentation to this application.**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_