

# SEEARP VIRGIN ISLANDS ENERGY OFFICE REBATE PROGRAM

(Please Print or Type)

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

## 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	Zip Code	Model #(s) _____
	_____	Serial # (s) _____	Serial # (s) _____
	Dealer's or VIEO Signature	Price Paid: _____	Quoted Rebate: _____
	_____	Purchased Date: _____	<b>RECEIPT #</b> _____

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 to install rebate item at the address listed above will result in repayment or return of rebate funds.

**I understand that non-compliance with the rebate program rules and regulations is considered fraudulent and could be prosecuted.**

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 +