



## City of Boulder Solar Sales and Use Tax Rebate Form

Mail the following documentation:

1. This form
2. A legible copy of the purchase receipt
3. A legible copy of the city of Boulder permit receipt
4. Completed Immigration Affidavit
5. Photocopy of identification used to satisfy the immigration affidavit

To: City of Boulder  
 Office of Environmental Affairs  
 Solar Rebate Program  
 PO Box 791  
 Boulder, CO 80306

Owner Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

Address (where system is installed)

\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

City of Boulder Permit Number \_\_\_\_\_

Date of Letter of Completion / CO Date \_\_\_\_\_

Total City of Boulder Sales and Use Tax Paid on Solar System (provide the documentation specified as # 2 & 3 above) \$ \_\_\_\_\_

Check one and specify size or purpose:

Solar Electric (PV) \_\_\_\_\_

PV system size (kW) \_\_\_\_\_

Solar Thermal (hot water) \_\_\_\_\_

Hot water purpose (e.g. domestic hot water, spa) \_\_\_\_\_

NOTE: The rebate amount will be calculated by the City of Boulder. The **ESTIMATED** rebate will be approximately 15% of the city sales tax paid.

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**APPLICANT SIGNATURE**

I hereby submit this rebate application and documentation and certify that the expenses reported herein are eligible under the program and true and accurate to my knowledge.

\_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

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**ALTERNATE PAYMENT AUTHORIZATION**

(The payment will be made to the owner name and address where the system is installed as identified above unless authorized by owner.)

I hereby authorize payment to be made to directly to the following party:

Make checks payable to: Name \_\_\_\_\_  
St Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

<b>FOR CITY USE ONLY:</b>
Total City Sales Tax Paid: _____
Eligible Sales Taxes (1.53%) _____
Total Rebate (35%): _____

<b>BFS Invoice Stamp</b>		
Doc No. _____	Suffix _____	
/ /		
DEPT	OCA	OBJECT
/ /		
APPR. SIGN. / DATE	APPR. SIGN. / DATE	