

Sun Storage Rebate Claim Form

Instructions: Please review thoroughly for accuracy of information before signing

Customer Contact Information			
Primary Contact First Name	Primary Contact Last Name		
Primary Phone	Primary Email		
Secondary Contact First Name (optional)	Secondary Contact Last Name (optional)		
Secondary Phone (optional)	Secondary Email (optional)		
Service Address			
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Utility Account Number			
Outry Account Namber			
Contractor Information			
Company Name	Contractor State License Board Number		
Contact First Name	Contact Last Name		
Contact Phone	Contact Email		



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nstructions: Please review thoroughly		gning	
Payee Contact Information	on		
Primary Contact First Name	Primary Contac	Primary Contact Last Name	
Primary Phone	Primary Email		
Equipment Information			
Storage			
Total System Energy (kWh)	Total System Power (kW)	Roundtrip efficiency (%)	
Battery Manufacturer(s)	Battery Model Number(s)	Number of Batteries in System	
Solar PV Pre-Existing	New Date of Inte	erconnection (MM/DD/YYYY)	
CEC-AC Rating (kW)			
Attachments			
SCE Interconnection applicatio	n		
NEM Application Number from NE	M Online Platform		
SCE Interconnection Confirmat	ion (Permission to Operate)		



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Agreement				
By checking this box, the Customer and Contractor listed in this Rebate Claim Form agree that the Contractor will receive the Sun Storage Rebate on behalf of the Customer.				
Customer Print Name	Customer Signature	Date		
Contractor Print Name	Contractor Signature	Date		