



SALES TAX REBATE REQUEST FORM

Pursuant to the Salida Municipal Code §4-3-40(e), the City of Salida allows a sales tax credit on the purchase of solar power components.

For purposes of the sales tax credit, solar power components shall include, but are not limited to, solar modules, trackers, generating equipment, supporting structures or racks, inverters, towers and foundations, balance or system components such as wiring, control systems, switchgears, and generator step-up transformations, and concentrating solar power components that include, but are not to, mirrors, plumbing, and heat exchangers. The sales tax credit shall apply to any solar power components beyond the point of generator step-up transformers located at the production site, labor, energy storage devices, or remote monitoring systems.

To be eligible for a sales tax credit for solar power components, the purchaser must submit to the City a final inspection certification for the solar power system from an energy provider showing the purchaser's inclusion in a net metering program as well as an invoice from the contractor or purchaser showing the amount of sales tax paid on the solar power components.

REQUEST FOR SALES TAX CREDIT

Name _____

Property address _____

Mailing address (if different) _____

Phone (home) _____ Phone (cell / other) _____

Completion date of system installation _____

Are you currently included in a net metering program? _____

Have you attached the required documentation to this request?

- Final inspection certification for the solar power system from the local energy provider showing your inclusion in a net metering program.
- Invoice from the contractor or purchaser showing the amount of sales tax paid on the solar power components.

I hereby certify the information above is true and the documents submitted with this request are accurate with respect to information regarding the solar panel system installed on my property and the amount of sales tax I paid for the system.

Signature Date

Accounting Use Only:		
Authorized Signature for Approval	Check #:	Approval Date
Amount to Refund: _____	Check Date: _____	