

ENERGY STAR[®] ADVANCED PROGRAMMABLE THERMOSTAT REBATE APPLICATION

Member must: 1) Be in good standing with the Cooperative; 2) Complete application in full; 3) Sign; 4) Submit with COPY of receipt within 90 days of purchase

Version 2.0 March 11, 2019



Get up to \$50 back from your electric cooperative!
TERMS AND CONDITIONS APPLY

Rebate recipients may be asked to participate in a future survey by e-mail invitation or by phone.

MEMBER INFORMATION				
Name:			Co-op Account Number:	
Address (where unit is installed):				
City:	State:	Zip:	Phone:	
Mailing address (if different than installed address):				
City:	State:	Zip:	Install date:	
Email address:				

RESIDENTIAL INFORMATION Member must complete this section.

Check one:	Check one:	Is this rental property?	Did rebate influence your purchase decision?	How many people live in the home?	
<input type="checkbox"/> PRIMARY HOME	<input type="checkbox"/> NEW HOME	YES <input type="checkbox"/>	YES <input type="checkbox"/>		
<input type="checkbox"/> VACATION HOME	<input type="checkbox"/> EXISTING HOME	NO <input type="checkbox"/>	NO <input type="checkbox"/>		
Home type (check one):	Single family <input type="checkbox"/>	Multi-family <input type="checkbox"/>	Town home <input type="checkbox"/>	Condo <input type="checkbox"/>	Other <input type="checkbox"/>
Primary method to HEAT your home (check one):	Gas-forced air <input type="checkbox"/>	Electric-forced air <input type="checkbox"/>	Electric baseboard <input type="checkbox"/>	Air source heat pump <input type="checkbox"/>	Ground source heat pump <input type="checkbox"/>
Primary method to COOL your home (check one):	Central air <input type="checkbox"/>	Window air <input type="checkbox"/>	None <input type="checkbox"/>	Air source heat pump <input type="checkbox"/>	Ground source heat pump <input type="checkbox"/>

THERMOSTAT INFORMATION	Member must complete the section below.	
	Unit 1	Unit 2
MANUFACTURER:		
MODEL:		
COOLING TONS CONTROLLED:		
SEER OF UNIT:		

IMPORTANT TERMS AND CONDITIONS:

- Please allow 6-8 weeks for processing. Limit two rebates per address. Please keep a copy for your records.
- The appliance must be installed where electricity is supplied by the Cooperative.
- Rebates are limited to eligible services (homes, lake homes, shops, barns, etc) that purchase more than 6,000 kilowatt-hours of electricity from the Cooperative on an annual basis.
- You must include a copy of the original dated sales receipt with this application.
- Include your account number and sign the form
- Please complete a separate application for each installation site
- Incomplete applications will not be processed for rebates
- Recipients of rebates may be requested to participate in a future survey by e-mail or by phone.
- Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.
- Additional eligibility requirements are on the back of this application



IMPORTANT: New unit(s) MUST be Energy Star Rated to qualify for rebate

MEMBER SIGNATURE (Certifies that the appliance(s)/unit(s) listed meet program requirements and that they are installed at the address listed. I agree that the cooperative may verify installation at the address listed.)

COOPERATIVE IS RESPONSIBLE FOR MAINTAINING ALL RECEIPTS AND DOCUMENTS RELATED TO THIS APPLICATION

Cooperative approval signature: