

## WATER HEATER & ENERGY STAR ROOM AIR CONDITIONER 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 3.4 May 4, 2016

SECTION A

Name: _____	Co-op Account #: _____
Address (where unit is installed): _____	
City: _____	State: _____ Zip: _____ Phone: _____
Mailing address (if different than installation address): _____	
City: _____	State: _____ Zip: _____ Phone: _____
E-Mail address: _____	

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

### WE WOULD LIKE TO KNOW SOME INFORMATION ABOUT YOU AND YOUR HOME:

- A. Is this for a new home? YES  NO
- B. Is this replacing an existing water heater? YES  NO  If YES, what type of water heater did this one replace? Electric  Gas
- C. How many people live in the home? \_\_\_\_\_
- D. Did this rebate influence your decision to buy the appliance? (Check one) YES  NO
- E. How did you hear about our rebates? (Check one):
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Radio advertisement  | <input type="checkbox"/> Television advertisement | <input type="checkbox"/> Cooperative newsletter | <input type="checkbox"/> Cooperative mailing |
| <input type="checkbox"/> Cooperative employee | <input type="checkbox"/> Contractor/builder       | <input type="checkbox"/> Newspaper advertising  | <input type="checkbox"/> Other _____         |

SECTION B

I certify that the appliance(s) listed below meet program requirements and that they will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the appliance installation at the above address.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### INSTRUCTIONS:

- Please allow 6-8 weeks for processing. Limit one rebate per appliance. 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.
- Heat pump water heaters are eligible for rebates
- **Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.**

APPLIANCE TYPE	Must complete section below. If new unit is a replacement and old unit is not available, please write in brand name and age.	
NEW APPLIANCE	Electric Water Heater	ENERGY STAR <sup>®</sup> Room Air Conditioner
BRAND NAME		
MODEL NUMBER		
REBATE AMOUNT		
OLD APPLIANCE		
BRAND NAME		
MODEL NUMBER &/or APPROX. AGE OF APPLIANCE		

### FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING:

Date Received: _____	Receipt on file: <input type="checkbox"/>
Approval Signature: _____	