

WATER HEATER 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					
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:	Single family <input type="checkbox"/>	Multi-family <input type="checkbox"/>	Town home <input type="checkbox"/>	Condo <input type="checkbox"/>	Other <input type="checkbox"/>
Primary fuel to heat your home:	Electric <input type="checkbox"/>	Propane <input type="checkbox"/>	Natural gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Other <input type="checkbox"/>
How did you hear about our rebates?	Radio <input type="checkbox"/>	TV <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Mailing <input type="checkbox"/>	Employee <input type="checkbox"/>
	Contractor <input type="checkbox"/>	Builder <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>	
Is this replacing an existing water heater?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, what type:	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>

APPLIANCE INFORMATION	Member must complete the sections below.			
	OLD UNIT #1	OLD UNIT #2	NEW UNIT #1	NEW UNIT #2
MANUFACTURER:				
MODEL:				
SIZE (GALLONS): <small>*New unit(s) must be 40 gal. or larger</small>				
PURCHASE PRICE:				

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:

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