

Version 1.0 Feb. 23, 2009

ENERGY STAR APPLIANCE REBATE APPLICATION

SECTION A

Name: _____ Co-op Account # _____

Address where appliance will be installed: _____

City _____ State _____ ZIP _____ Phone _____

Mailing address (if different than the installation address): _____

City _____ State _____ ZIP _____ Phone _____

E-Mail address _____

Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone.

SECTION B

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

A. Is this a replacement appliance? Yes No

B. How many people live in the home? _____

C. What type of **dwelling structure** is the appliance installed at? (check one)

Single family house House w/ Farm Multi-unit dwelling Manufactured (single/double) Other

D. Did this rebate influence your decision to buy the appliance? Not at all Very Much

1 2 3 4 5

E. How did you hear about our rebates? (check one)

Radio advertisement Television advertisement Cooperative Newsletter

Cooperative Mailing Cooperative Employee Contractor or Builder Newspaper advertisement

Other _____

I certify that the appliance(s) listed are qualifying ENERGY STAR® appliances 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: _____

Please complete the information on page 2 for each appliance.

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.
- 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 invitation or by phone.
- Submit completed application and sales receipt within **90 days** of purchase to your local electric cooperative.

For Office Use Only

Date Received _____ Acct. No. _____ Approval _____



ENERGY STAR APPLIANCE REBATE APPLICATION

Please complete the following information for each appliance:

	APPLIANCE TYPE			
NEW APPLIANCE	ENERGY STAR® Clothes Washer	ENERGY STAR® Dishwasher	ENERGY STAR® Window Air Conditioner	
BRAND NAME				
MODEL NUMBER				
REBATE AMOUNT	\$100	\$50	\$50	
OLD APPLIANCE				
BRAND NAME				
MODEL NUMBER				
SERIAL NUMBER				

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