

**REBATE APPLICATION**

**(\$50 Water Heater, \$500 Heat Pump Water Heater, \$50 Room Air Conditioner or \$50 Smart Thermostat)**

Member must: 1) Complete application in full 2) Sign 3) Submit with COPY of receipt within 90 days of purchase

Rev 8/14/19

**Customer #: Contact Tracking ID #: SML #: Serv Loc #:**

Applicant Name(s): \_\_\_\_\_ 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 \_\_\_\_\_

Email address: \_\_\_\_\_

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

SECTION A

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

A. Is this for a new home?  Yes Replacement of an existing appliance?  Yes

B. What type of water heater do you have?  Electric  Gas (Rebate does not apply with gas water heater)

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 this appliance? (check one)  Yes  No

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 that are installed at the address listed above that is served by Co-Mo Electric Coop., Inc. and uses 6000 kWh annually. I agree to allow a representative from Co-Mo to verify the appliance installation at the above installed address.*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION B

<b>APPLIANCE TYPE</b>	Must complete section below. If new unit is a replacement and old unit is not available, please write brand name & age.
<b>NEW APPLIANCE</b>	
BRAND NAME	
MODEL NUMBER	
REBATE AMOUNT	
<b>OLD APPLIANCE</b>	
BRAND NAME	
MODEL NUMBER	
SERIAL NUMBER	

**Instructions:**

- Metered location must use 6000 kWh annually.
- Net metered systems may be monitored for 12 months to verify annual usage before issuing rebate.
- Smart Thermostat must be ENERGY STAR® model and compatible with utility demand response program.
- 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 email invitation or by phone.
- **Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.**

<b>For Cooperative Use Only</b>			
Date Received _____	Receipt on File _____	Approval Signature _____	Rebate\$ _____