

DUAL FUEL HEAT PUMP 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



Get a rebate 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:	
Installation Address:				
City:	State:	Zip:	Phone:	
Recipient address:				
City:	State:	Zip:	Install date:	
Email address:			See back of form for terms and conditions.	

UNIT MUST USE FOSSIL FUEL FOR BACKUP

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?	
Primary Home	New home	Yes	Yes		
Vacation home	Existing home	No	No		
Home type (check one):	Single family	Multi-family	Town home	Condo	Other
Existing method to HEAT your home (check one):	Gas-forced air	Electric-forced air	Electric baseboard	Air source heat pump	Ground source heat pump
Existing method to COOL your home (check one):	Central air	Window air	None	Air source heat pump	Ground source heat pump
Type of BACK UP heating system used by the new system:	Natural gas	Propane	Fuel oil	Electric furnace	
Please estimate the age of the equipment that was replaced:	1-5 years	6-10 years	11-15 years	>15 years	New installation
How did you hear about our rebates?	Radio	TV	Newsletter	Mailing	Employee
	Contractor	Builder	Newspaper	Other	

Member must complete this section.

Units	Install Date	Brand	Model	Serial Number	AHRI Number	Capacity (Tons)	SEER	HSPF
Unit #1	/ /							
Unit #2	/ /							
Reason for Replacement								

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.)

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

Cooperative approval signature: