

A Cooperative Effort for Energy Efficiency



1002 East Main • Stigler, OK 74462 • (800) 328-2368 • cooksonhills.com

ENERGY STAR ROOM AIR CONDITIONER REBATE APPLICATION

Member must: 1) Be in good standing with Cooperative; 2) Complete application in full: 3) Sign: 4) Submit with COPY of receipt within 90 days of purchase May 9, 2016 ____Co-op Account #: ____ Address (where unit is installed): _____State: ______Phone: _____ Mailing address (if different than installation address): ____ City: ______Phone: _____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 \square NO \square Replacement of an existing appliance? YES □ NO □ B. How many people live in the home? C. Did this rebate influence your decision to buy the appliance? (Check one:) YES \square NO \square D. How did you hear about our rebates? (Check one:) ☐ Radio advertisement ☐ Television advertisement ☐ Cooperative newsletter ☐ Cooperative mailing Cooperative employee ☐ Contractor/builder ■ Newspaper advertising ☐ Other l 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 Must complete section below. If new unit is a replacement and rebate per appliance. Please keep a copy for your APPLIANCE TYPE old unit is not available, please write in brand name and age. records. The appliance must be installed where electricity is ENERGY STAR® supplied by the Cooperative. **NEW APPLIANCE** Rebates are limited to eligible services (homes, lake homes, shops, barns, etc) that purchase more than 6,000 kilowatt-hours of electricity **BRAND NAME** 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 MODEL NUMBER Please complete a separate application for each installation site Incomplete applications will not be processed for REBATE AMOUNT rebates Recipients of rebates may be requested to participate OLD APPLIANCE in a future survey by e-mail or by phone. **Submit completed application and sales** receipt within 90 days of purchase to your BRAND NAME local electric cooperative. MODEL NUMBER FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING: Receipt on file: Date Received: Approval Signature:



REBATE APPLICATION QUALIFICATIONS

ROOM AIR CONDITIONER ELIGIBILITY CRITERIA

- Must be a member in good standing with the cooperative
- Cooperative must verify an ENERGY STAR rated room air conditioning unit is purchased
- Limit of one (1) rebate per member address/location
- The rebate will apply for the purchase of one new ENERGY STAR rated unit or for the replacement of an existing unit
- Rebates are available for existing and new homes

DISCLAIMER

The Cooperative is not responsible if your contractor, retailer, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. The Cooperative will not rebate equipment that has been mislabeled, misrepresented or previously owned. The Cooperative reserves the right to inspect the equipment and its installation at the address indicated on the front of this application. The Cooperative is not responsible for any lost, late, stolen, ineligible, misdirected or postage due mail. All completed applications will become the property of the Cooperative. Rebate qualifications and amounts are subject to change at the Cooperative's discretion and the program may end at any time without notice.

SEND COMPLETED APPLICATIONS TO YOUR LOCAL ELECTRIC COOPERATIVE