



**ENERGY STAR WATER HEATER & ROOM AIR CONDITIONER REBATE APPLICATION**

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

Version 2.2 Jan 1, 2012

SECTION A

SECTION B

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.**

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. How many people live in the home? \_\_\_\_\_

D. 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: \_\_\_\_\_

APPLIANCE TYPE	Must complete section below. If new unit is a replacement and old unit is not available, please write in brand name & age.	
NEW APPLIANCE	ENERGY STAR® Water Heater	ENERGY STAR® Room Air Conditioner
BRAND NAME		
MODEL NUMBER		
REBATE AMOUNT		
OLD APPLIANCE		
BRAND NAME		
MODEL NUMBER		
SERIAL NUMBER		

**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.
- 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 Member Services Department, Farmers' Electric Cooperative, P.O. Box 680, Chillicothe, MO 64601.**

**For Cooperative Use Only**

Date Received \_\_\_\_\_ Receipt on File  Approval Signature \_\_\_\_\_