


2018 Energy Efficiency Rebate Form

A Touchstone Energy® Cooperative 

ELIGIBILITY CRITERIA

- ❖ **Appliance rebates must be submitted no later than 3 months after purchase** and must be installed on cooperative's lines.
- ❖ Rebates are in place through December 31, 2018 or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ Rebates submitted after December 31, 2018 will not qualify if the rebate is no longer offered in 2019.
- ❖ Additional eligibility criteria may apply. Contact cooperative for details. Program is subject to change or cancellation without notice.
- ❖ All documentation listed below must be **submitted no later than 3 months after purchase date**.

- ✓ This Rebate Form. Requests missing required information will be returned.
- ✓ A copy of your receipt or invoice for each item purchased.
- ✓ ENERGY STAR label for each item purchased

Submit required documentation to: Freeborn-Mower Cooperative Services, PO Box 611, Albert Lea, MN 56007-0611

MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email		
			<i>Email addresses will be used for cooperative communication only, including notification of rebate status. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i>		
Address			Account		Phone
City	State	Zip Code	Date	Member Signature	
Rebate for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

REBATE INFORMATION *(Please fill in gray shaded boxes for requested rebates)*

Equipment	Specifications and Required Information Must be ENERGY STAR appliance (visit www.energystar.gov to verify)	Quantity	Rebate	Total Quantity x Rebate
Electric Clothes Dryer	Brand _____ Model Number _____		\$25	
Heat Pump Clothes Dryer	Brand _____ Model Number _____ All heat pump clothes dryers qualify for the rebate.		\$50	
Clothes Washer	Brand _____ Model Number _____		\$25	
Dehumidifier	Brand _____ Model Number _____		\$25	
Dishwasher	Brand _____ Model Number _____		\$25	
Refrigerator	Brand _____ Model Number _____ <i>Enter size of refrigerator (must be minimum of 10 cubic feet):</i> _____		\$25	
Rebate(s) will be paid as a billing credit.				Total Rebate Amount Requested:

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved – Reason:	Total rebate issued: \$
Cooperative Representative:	Date: