

**2019 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, 2019 or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ Rebates submitted after December 31, 2019 will not qualify if the rebate is no longer offered in 2020.
- ❖ 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 <a href="http://www.energystar.gov">www.energystar.gov</a> 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	
<b>Rebate(s) will be paid as a billing credit.</b>				<b>Total Rebate Amount Requested:</b>

**OFFICE USE ONLY**

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