

2017 Energy Efficiency Rebate Form

A Touchstone Energy® Cooperative 

ELIGIBILITY CRITERIA

- ❖ Appliances must be purchased in 2017 and must be installed on cooperative's lines.
- ❖ Rebates are in place through December 31, 2017 or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ Rebate not to exceed 50% of the cost of appliances.
- ❖ Additional eligibility criteria may apply. Contact cooperative for details.
- ❖ All documentation listed below must be **submitted no later than 3 months after purchase.**

- ✓ 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		
Address			Account		Phone
			Date		Member Signature
City	State	Zip Code	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:		

Email addresses will be used for cooperative communication only, including notification of rebate status. Opting out now or in the future is always available. Opt out Now

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: