

Mail to: PO Box 437 - Hampton, IA 50441 For more information: 641-456-2557 or www.franklinrec.coop

ENERGY STAR Appliance Rebate

For Office Use Only

Total	Rebate		
Total Rebate Amount:			

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Program	Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE

- Effective April 1, 2019, all rebates will be issued to customers by way of a bill credit. Some exceptions may apply.
- All appliances must be ENERGY STAR rated. Limit of \$250 per account/year in total appliance rebates
- (find ratings at energystar.gov or on the yellow packaging label.)

Member or Business Name	Account Number
Clothes Dryer (Rebate \$50 per unit)	Dishwasher (Rebate \$25 per unit)
Make	Make
Model	Model
Serial Number	Serial Number
Clothes Washer (Rebate \$50 per unit)	Freezer/Deep Freeze (Rebate \$25 per unit)
Make	Make
Model	Model
Serial Number	Serial Number
Water Heater Type	Refrigerator (Rebate \$25 per unit)
Electric	Make
Natural gas/propane	Model
Dryer Type	Serial Number
Electric Gas	Heat Pump Clothes Dryer (Rebate \$100 per unit)
	Make
	Model
	Serial Number

DATED COPY OF ITEMIZED SALES RECEIPT AND ENERGY STAR DOCUMENTATION MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice. Dated copy of itemized sales receipt and ENERGY STAR documentation must be included.

Member Signature

Date



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- Complete this form along with the specific product rebate form.

Member Information		
Address		
Account Number		
Email		

Rebate Unit Installation Information

Please answer questions based on the location where the unit was installed.

Location Installed		Structure Type		
Same as above Other (complete below)	Single Family Residence			
	Farm Outbuilding			
	Business			
City - State - Zip		Multi-Family Unit: apt/condo/duplex/etc.		
Rebate Unit Installed In				
Install Date	New Construction Existing Structure			
		Ownership		
		Owned Leased		
Installer (if applicable) or Purchased From				
Business Name		Contact Name		
City - State - Zip		Phone		