



**FRANKLIN RURAL  
ELECTRIC COOPERATIVE**

A Touchstone Energy® Cooperative

Mail to: PO Box 437 - Hampton, IA 50441

For more information: 641-456-2557 or

www.franklinrec.coop

# Geothermal and Air Source Heat Pump Check-Up Rebate

## For Office Use Only

Total Rebate

Amount:

### 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.
- This rebate can be submitted every three years.
- Contractor must complete and sign the rebate checklist for the type of system checked.
- By signing below, the contractor certifies that the items on the checklist were examined and adjusted as required to provide optimal system performance.

Member or  
Business Name

Account  
Number

### 1. Existing Heat Pump Unit Type

- ☐ Geothermal with electric resistance backup \$50/unit
- ☐ Geothermal with gas backup\$ 50/unit
- ☐ Air source with electric resistance backup \$50/unit
- ☐ Air source with gas back-up \$50/unit
- ☐ Mini split or hotel type ductless air source \$50/unit

### 3. Geothermal System Type

- ☐ Open ☐ Closed loop

### 4. Gas Back-Up

Switchover Temperature (°F)

### 5. Check List Sheet Used by Contractor

- ☐ Contractor Checklist (Attach Completed List) ☐ REC Checklist (Attach Completed List)

### 7. Water Heater Type

- ☐ Electric ☐ Natural gas/propane

### 2. Heat Pump Unit Specifications

Make

Model

Serial No.

Auxiliary Resistance (kW)

Contractor Signature

Date

**DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED.** Member certifies that the service in this application has been performed 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.

Member Signature

Date



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# Rebate Application

## For Office Use Only

Total Rebate

Amount:

### 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.

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

## Member Information

Member Name

Address

City - State - Zip

Account Number

Phone (include area code: sample - 999-999-9999)

Email

## Rebate Unit Installation Information

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

### Location Installed

☐ Same as above

☐ Other  
(complete below)

Address

City - State - Zip

### Install (Service) Date

### Structure Type

☐

Single Family Residence

☐

Farm Outbuilding

☐

Business

☐

Multi-Family Unit: apt/condo/duplex/etc.

### Rebate Unit Installed In

☐

New Construction

☐

Existing Structure

### Ownership

☐

Owned

☐

Leased

## Installer (if applicable) or Purchased From

Business Name

Contact Name

City - State - Zip

Phone