




**FRANKLIN RURAL
ELECTRIC COOPERATIVE**

A Touchstone Energy® Cooperative 

Mail to: PO Box 437 - Hampton, IA 50441
For more information: 641-456-2557 or 1-800-750-3557
www.franklinrec.coop

Heat Recovery & Energy Recovery Ventilators 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.
- \$125 rebate per unit. Whole house system for new or existing home

Member or Business Name

Account Number

1. New Recovery Ventilator Type

- Heat Recovery Ventilator (HRV)
- Energy Recovery Ventilator (ERV)

2. Equipment Information Specifications

Make

Model

Serial No.

3. Replacement Information

- New installation
- Old unit replaced

4. Heating System

- Geothermal heat pump
- Air source heat pump
- Electric-central/zoned
- Natural gas/propane

5. Cooling System

- Geothermal heat pump
- Air source heat pump
- Central Air
- Window unit(s)
- None

6. Water Heater Type

- Electric
- Natural gas/propane

DATED COPY OF ITEMIZED SALES RECEIPT 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.

Member Signature

Date



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Rebate Application

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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

City - State - Zip

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

Address

Account Number

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 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

City - State - Zip

Contact Name

Phone