Gascosage Electric Cooperative

ENERGY STAR CLOTHES WASHER & DISHWASHER REBATE APPLICATION

(Replacement only)

Member must: 1) Complete application in full 2) Sign 3) Submit with COPY of receipt within 90 days of purchase

Version 2.2 Jan 1, 2012

SECTION A

Name:_____ **Co-op Account** #_____

Address where appliance will be **installed**:_____

City_____ State_____ ZIP_____ Phone_____

Mailing address (if different than the installation address):_____

City_____ State_____ ZIP_____ Phone_____

E-Mail address _____

Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone.

SECTION B

WE WOULD LIKE TO KNOW SOME INFORMATION ABOUT YOU AND YOUR HOME:

A. What type of water heater do you have? □ Electric □ Gas **(Rebate does not apply with gas water heater)**

B.How many people live in the home?_____

C.What type of **dwelling structure** is the appliance installed at? (check one)

□ Single family house □ House w/ Farm □ Multi-unit dwelling □ Manufactured (single/double) □ Other

D. Did this rebate influence your decision to buy the appliance?

Not at all				Very Much
1	2	3	4	5

E. How did you hear about our rebates? (check one)

□ Radio advertisement □ Television advertisement □ Cooperative Newsletter

□ Cooperative Mailing □ Cooperative Employee □ Contractor or Builder □ Newspaper advertisement

□ Other _____

*I certify that the appliance(s) listed are qualifying **ENERGY STAR® appliances** and that they will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the appliance installation at the above address.*

Signature: _____Date: _____

APPLIANCE TYPE	Must complete section below. If old unit is not available, please write in brand name & age.	
NEW APPLIANCE	**ENERGY STAR® Clothes Washer**	**ENERGY STAR® Dishwasher**
BRAND NAME		
MODEL NUMBER		
REBATE AMOUNT		
OLD APPLIANCE		
BRAND NAME		
MODEL NUMBER		
SERIAL NUMBER		

Instructions:

- Please allow 6-8 weeks for processing. Limit one rebate per appliance. Please keep a copy for your records.
- The appliance must be installed where electricity is supplied by the Cooperative.
- Include your account number and sign the form.
- Please complete a separate application for each installation site.
- Incomplete applications will not be processed for rebates.
- Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone.
- **Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.**

For Cooperative Use Only

Date Received _____ Receipt on File ☐ Approval Signature _____

All account information will be kept confidential between the Cooperative, Associated Electric Cooperative and agents acting on their behalf.