



SEMO Electric Cooperative

A Touchstone Energy® Cooperative  
The power of human connections®

Take Control & Save

A Cooperative Effort for Energy Efficiency



## ENERGY SAVING HOME APPLIANCE REBATE APPLICATION

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 \_\_\_\_\_

Is this a replacement appliance? Yes No How many people live in the home? \_\_\_\_\_

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

Did this rebate influence your decision to buy the appliance? Not at all 1 2 3 4 5 Very Much

*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: \_\_\_\_\_

### Please complete the information on page 2 for each appliance.

#### 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.
- You must include a copy of the original dated sales receipt with this application.
- 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.
- Submit completed application and sales receipt within 90 days of purchase to:

#### For Office Use Only

Date Received \_\_\_\_\_ Acct. No. \_\_\_\_\_ Approval \_\_\_\_\_



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## ENERGY SAVING HOME APPLIANCE REBATE APPLICATION

Please complete the following information for each appliance:

	APPLIANCE TYPE
NEW APPLIANCE	Water Heater* 90% efficient or better
BRAND NAME	
MODEL NUMBER	
REBATE AMOUNT	
OLD APPLIANCE	
BRAND NAME	
MODEL NUMBER	
SERIAL NUMBER	

\* The participant agrees to allow the Cooperative to control water heating equipment as a condition of participation.

### Instructions:

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- The appliance must be installed where electricity is supplied by the Cooperative.
- You must include a copy of the original dated sales receipt with this application.
- 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.
- Submit completed application and sales receipt within 90 days of purchase to:

<b>For Office Use Only</b>		
Date Received _____	Acct. No. _____	Approval _____

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