

PROGRAMMABLE THERMOSTAT REBATE APPLICATION



Get up to \$50 back
on a programmable
ENERGY STAR
thermostat

MEMBER INFORMATION			
Name:		Account Number:	
Address (where unit is installed):			
City:	State:	Zip:	Phone:
Mailing Address (if different than installed address):			
City:	State:	Zip:	Install Date:
Email Address:			

RESIDENTIAL INFORMATION Member must complete this section.					
Check One:	Check One:	Is this rental property?	Did the rebate influence your purchase decision?	How many people live in the home?	
<input type="checkbox"/> Primary Home	<input type="checkbox"/> New Home	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> Vacation Home	<input type="checkbox"/> Existing Home	<input type="checkbox"/> No	<input type="checkbox"/> No		
Home Type (check one):	Single Family <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Town Home <input type="checkbox"/>	Condo <input type="checkbox"/>	Other <input type="checkbox"/>
Primary Method to HEAT your home (check one):	Gas-forced Air <input type="checkbox"/>	Electric-forced Air <input type="checkbox"/>	Electric Baseboard <input type="checkbox"/>	Air Source <input type="checkbox"/>	Ground Source <input type="checkbox"/>
Primary method to COOL your home (check one):	Central Air <input type="checkbox"/>	Window Air <input type="checkbox"/>	None <input type="checkbox"/>	Air Source <input type="checkbox"/>	Ground Source <input type="checkbox"/>

THERMOSTAT INFORMATION	Member must complete the section below.	
	Unit 1	Unit 2
MANUFACTURER:		
MODEL:		
COOLING TONS CONTROLLED:		
SEER OF UNIT:		

- Unit must be installed where electricity is supplied by the Cooperative
- Must include a copy of the original dated sales receipt with application
- Submit completed application and sales receipt within 90 days of purchase

MEMBER SIGNATURE (Certifies the appliance(s)/unit(s) listed meet program requirements and they are installed at the address listed. I agree the cooperative may verify installation at the address listed).

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