

2024 Energy Efficiency Rebate Program



Southeastern Electric Cooperative, Inc.

PO Box 1370 | Durant, OK 74702
580-745-9463 | www.se-coop.com

ENERGY STAR RESIDENTIAL ROOM AIR CONDITIONER REBATE APPLICATION

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

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. All account information will be kept confidential between the Co-op and agents acting on their behalf.

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

A. Are you applying for the **Senior Member's** rebate (65 and older)? ____ YES ____ NO

B. Is this your Primary Residence? ____ YES ____ NO

C. Type of home heating system: ____ Electric ____ Gas ____ Both Other: _____

D. What type of dwelling structure is the appliance installed at? (circle one)

Single family house Multi-unit dwelling Manufactured (single/dbl) Other

E. This is the **Energy Star** logo. Have you identified it on your unit? 



G. How did you hear about our rebates? (circle one)

Cooperative Mailing
Newspaper Advertisement

Cooperative Employee
Other _____

Contractor or Builder
Co-op Newsletter

I certify that the appliance(s) listed below meet program requirements 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 new unit is a replacement and old unit is not available, please write in brand name and age.	
NEW APPLIANCE	ENERGY STAR Room Air Conditioner	CO-OP'S CHECKLIST AND NOTES
BRAND NAME		
MODEL NUMBER		
SERIAL NUMBER		
REPLACED WHAT?		
BRAND NAME		
AGE		
REBATE AMOUNT	30% OF NET COST NOT TO EXCEED \$150	

Instructions:

- Please allow 2-3 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.
- 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 Southeastern Electric Cooperative.**

For Cooperative Use Only

Date Received _____ Receipt on File Y N Approval Signature _____

SECTION A

SECTION B