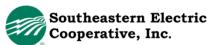
## 2024 Energy Efficiency Rebate Program



## 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:     Image: Co-op Account #:     Image: Co-op Account #:					
City:	State:	Zip:			
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 S	OME INFORMATION A	BOUT YOU AND YC	OUR HOME:		
A. Are you applying for the Senior Member's rebate (65 and older)?       YESNO       YESNO         B. Is this your Primary Residence?       YESNO       YESNO					
C. Type of home heating system:ElectricGas Both Other:					
D. What type of dwelling structure is the appliance installed at? (cirlce one)					
Single family house Multi-un	it dwelling Manufacture	d (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 of Co-op News			
I certify that the appliance(s) listed be above. I agrree to allow a representa		•			

Signature:
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\_\_\_\_\_Date:\_\_\_\_\_

APPLIANCE TYPE		If new unit is a replacement and se write in brand name and age.	<ul> <li>Instructions:</li> <li>Please allow 2-3 weeks for processing. Limit one rebate per appliance. Please keep a copy for your records.</li> <li>The appliance must be installed where electricty is supplied by the Cooperative.</li> </ul>
NEW APPLIANCE	ENERGY STAR Room Air Conditioner	CO-OP'S CHECKLIST AND NOTES	
BRAND NAME			
MODEL NUMBER			• You must include a copy of the original dated sales receipt with this application.
SERIAL NUMBER			<ul> <li>Include your account number and sign the form.</li> <li>Please complete a seperate application for each installation site.</li> </ul>
REPLACED WHAT?			Incomplete applications will not be processed for
BRAND NAME			•Recipients of rebates may be requested to participate
AGE			in a future survey by e-mail invitiation or by phone. •Submit completed application and sales receipt within 90 days of purchase to Southeastern Elec- tric Cooperative.
REBATE AMOUNT	30% OF NET COST NOT TO EXCEED \$150		

For Cooperative Use Only

Receipt on File Y N Approval Signature