



DUAL FUEL & MINI SPLIT HEAT PUMP REBATE APPLICATION

October, 2011
Version 2.0

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 _____

EXISTING HEATING & COOLING EQUIPMENT INFORMATION:

- A. Information about your home: Year Built ____ Size _____ sq. ft. No. of people living in the home _____
- B. What type of **dwelling structure** is this heat pump installed at? (check one)
- Single family house House w/ Farm Multi-unit dwelling Manufactured (single/double) Other
- C. Did this rebate influence your decision to buy the appliance? (check one) Yes _____ No _____
- D. 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 _____
- E. If installed in an existing home, what type of **heating system** did the home have previously? (check one)
- Gas-Forced Air Electric-Forced Air Electric Baseboard Dual Fuel Heat Pump, SEER _____
- Ground Source Heat Pump, EER _____ Wood Other (specify) _____
- F. What type of **cooling system** will the heat pump replace? (check one)
- Central Air Conditioning, SEER _____ Window Air Conditioners (how many? _____) Age _____
- Dual Fuel Heat Pump, SEER _____ Ground Source Heat Pump, EER _____ None
- G. What type of **back-up (supplemental) heating system** does your new heat pump use? (check one)
- Gas Propane Other

I certify that the heat pump listed below is a qualifying ENERGY STAR® heat pump that will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the heat pump installation at the above address.

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

Signature: _____ Date: _____

SECTION B

NEW HEAT PUMP EQUIPMENT INFORMATION:

Manufacturer _____ Model _____

SEER / EER Rating _____ (See SEER qualifying rating in the Terms & Conditions located on back of application)

Capacity in Tons _____ Install Date: _____ Reason for replacement _____

SECTION C

RETAILER-CONTRACTOR INFORMATION:

HVAC Contractor Name _____ Contact Person _____

Address _____ Phone _____

SECTION D

A copy of the sales receipt or invoice must be included with the rebate application.

FOR OFFICE USE ONLY

Rebate Amount	Check Number	Check Date	Invoice	Approval Signature

DUAL FUEL HEAT PUMP REBATE APPLICATION QUALIFICATIONS

ELIGIBLE CUSTOMERS

- Cooperative residential members are eligible for rebates when buying qualifying dual fuel heat pumps.
- The structure in which the member resides must be a permanent structure on a permanent foundation on land owned by the member.



ELIGIBLE HEAT PUMP EQUIPMENT

- Heat pump equipment must be ENERGY STAR® + 2 or SEER rating of 16.5

EXISTING EQUIPMENT

- *Space Heating*: The heat pump may be used to replace existing heat pump, electric resistance, natural gas or propane space heating equipment in the home.

REBATE DETAILS

- Please submit one rebate application per heat pump.
- A copy of the data sales receipt or invoice must be included with the rebate application.
- The application must include all the information requested on the front of this application.
- Recipients of rebates may be requested to participate in a future survey by phone or e-mail.
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE MEMBER
- Please allow 3-4 weeks for rebate processing. Please keep a copy for your records.

DISCLAIMER

The Cooperative is not responsible if your HVAC contractor, retailer, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. The Cooperative will not rebate equipment that has been mislabeled or misrepresented. The Cooperative reserves the right to inspect the heat pump and its installation at the address indicated on the front of this application. The Cooperative is not responsible for any lost, late, stolen, ineligible, illegible, misdirected or postage due mail. All completed applications will become the property of the Cooperative. Rebate qualifications and amounts are subject to change at the Cooperative's discretion and the program may end at any time without notice.

SEND COMPLETED APPLICATIONS TO:

Osage Valley Electric Cooperative

Attn: Member Services Department

PO Box 470

Butler MO 64730