



Ralls County Electric Cooperative
P.O. Box 157
New London MO 63459

Take Control & Save
A Cooperative Effort for Energy Efficiency

ENERGY STAR 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

Version 2.2 Jan 1, 2012

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 _____

Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone.

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

A. Is this for a new home? Yes Replacement of an existing appliance? Yes

B. What type of water heater do you have? Electric Gas (Rebate does not apply with gas water heater)

C. How many people live in the home? _____

D. 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

D. Did this rebate influence your decision to buy the appliance? Not at all _____ Very Much _____

1 2 3 4 5

E. 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 _____

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: _____

SECTION B

APPLIANCE TYPE	Must complete section below. If new unit is a replacement and old unit is not available, please write in brand name & age.	
NEW APPLIANCE	ENERGY STAR® Room Air Conditioner	
BRAND NAME		
MODEL NUMBER		
REBATE AMOUNT		
OLD APPLIANCE		
BRAND NAME		
MODEL NUMBER		
SERIAL NUMBER		

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.
- 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 your local electric cooperative.**

For Cooperative Use Only

Date Received _____ Receipt on File Approval Signature _____

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