



Air Quality Equipment Incentives

PLEASE PRINT: Complete ALL Sections and sign form to ensure proper and prompt payment of rebate. If more than one unit, attach separate forms.

MEMBER ADDRESS INFO (person receiving rebate)

First Name	Last Name	Account Number	Phone
Address		City	State Zip E-mail Address

EQUIPMENT LOCATION INFO

Check if same address as above:

First Name	Last Name	Account Number	Phone
Address		City	State Zip E-mail Address

Check the ACCOUNT TYPE where equipment is located:

Residence Only Farm Only Apart. Bldg/Unit
 Resid./Farm Business Only
 Resid./Business Commercial/Indust.

Check if you are a builder/developer and building is not yet owned by live-in residents: "Spec Building"

INSTALLATION AND EQUIPMENT INFORMATION

WHOLE HOUSE AIR QUALITY SYSTEMS:

All Qualifying Systems must serve the entire conditioned space of the home. See the Terms and Conditions for eligibility and qualification requirements.

AIR QUALITY SYSTEM TYPE:

- Electronic Air Filter (whole house, not electrostatic).... \$50
 Ultra Violet Air Purifier.....\$50

There is a limit of 1 of each air quality system per home.

Note: Complete additional forms if requesting rebates for more than one system.

DATE INSTALLED:

BRAND NAME:	<input type="text"/>
MODEL NUMBER:	<input type="text"/>
SERIAL NUMBER:	<input type="text"/>
INSTALLATION TYPE:	<input type="radio"/> New Construction <input type="radio"/> Added equipment in existing home <input type="radio"/> Replaces existing electric equipment
OTHER INFO:	Unit Watts <input type="text"/> (All Equipment) Supply CFM <input type="text"/> (HRVs)
PURCHASED FROM:	Business City <input type="text"/>

INSTALLED COST

REBATE

Attach a copy of receipt or other proof of purchase.

MEMBER AGREEMENT (Must Sign)

I verify that the above described equipment was installed on the date and location specified. I agree to all program requirements provided (either separately or on back of this form) and that my electric cooperative reserves the right to inspect all equipment and verify information before issuing a rebate.

Member Signature	Date
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Office Use Only:	Cooperative ID	Notes:	Authorized Amt
Form R4 12/10	Employee Name		

Terms and Conditions—Indoor Air Quality and Miscellaneous Appliances Program

Program Offer: The Program covers products purchased and/or services rendered **on or after January 1, 2010**.

Eligibility Requirements:

1. Members must provide the Cooperative with proof of purchase.
2. There is a limit of one of each air quality system per home.
3. Appliances must be connected, and must be served by the Cooperative providing the incentive.
4. Whole House Air Quality Systems:
 - A. All Qualifying Systems must serve the entire conditioned space of the home. (i.e. Central air systems)
 - B. Qualifying Systems:
 - Electronic Air Filters – whole house systems tied to a central fan. Electronic air cleaners create a high-voltage charge that causes the tiny particles in the air to stick to the washable cells. They are particularly effective for the smallest particles.
 - Ultra Violet (UV) Air Purifiers - Whole house systems installed with central air handler. An ultra violet light installed in the duct of a central air handling system. The UV light can kill viruses, bacteria, and mold spores.
 - C. The following equipment DOES NOT QUALIFY:
 - Self-charging electrostatic air cleaners that slip into the existing filter slot. These are very effective for larger particles but are relatively inexpensive.
 - Portable air cleaners.
 - A forced air radon abatement system installed to remove radon from a sealed crawl space of a home.

Warranty Information:

The Cooperative makes no warranties, expressed or implied, with respect to equipment operation, material, workmanship or manufacturing. The Cooperative does not guarantee that a certain level of energy or cost savings will result from the use of products covered by this program.

Limitation of Liability:

Participating Members agree that the Cooperative's liability, in connection with this Program, is limited to paying the Program Incentive specified (when all Terms and Conditions have been satisfied by the member). Under no circumstances shall the Cooperative be liable for any consequential or incidental damages resulting from participation in this Program. The Cooperative will not be responsible for any tax liability that may be imposed on the Participating Member as a result of the payment of Program Incentives.

Participating Member's Certification:

Participating Member certifies that he/she purchased and installed the equipment listed in their application at their defined location served by the Cooperative. Participating Member agrees that all information is true and that he/she has conformed to all of the program and equipment requirements listed in the application.

Program Changes/Termination:

While this rebate program will be in effect for an indefinite period, the Cooperative reserves the right to extend, modify (this includes incentive levels) or terminate this Program without prior or further notice. The member is responsible for checking with the Cooperative to determine whether the program has been changed or is still in effect.

Other Conditions

The Cooperative reserves the right to inspect installations before issuing the rebate. If the application does not comply with the Cooperative's rules and qualifications, the rebate amount may be adjusted.

Members must apply for rebates within 6 months of the purchase date (as shown on the member's invoice). Past eligibility, however, does not guarantee that equipment will meet criteria for current programs in effect.

Member Signature

Date