



## Electric Heating Equipment—Rate Incentive

**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: <input type="checkbox"/>					
First Name	Last Name	Account		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	
YEAR HOUSE BUILT (approx.) <input type="text"/> HEATED AREA (sq. ft.) <input type="text"/> INSTALLATION TYPE: <input type="radio"/> New Resistance Heating Equipment with Heat Plus Rate <input type="radio"/> Existing Resistance Equipment with Rate Change to Heat Plus <input type="radio"/> Existing Air Source Heat Pump with Rate Change to Heat Plus <input type="radio"/> Existing Geo Heat Pump Equipment with Rate Change to Heat Plus DATE INSTALLED <input type="text"/> (of meter or heating equipment) HEAT RATE ACCOUNT# : <input type="text"/> (If different than that shown for equipment location above) <b>RESISTANCE HEATING SYSTEMS ONLY:</b> SYSTEM TYPE: <input type="radio"/> Baseboard Resistance <input type="radio"/> Electric Furnace <input type="radio"/> Other <input type="radio"/> Baseboard w/ Boiler <input type="radio"/> Ceiling Cable <input type="radio"/> In-Floor w/Boiler <input type="radio"/> Cove Resistance <input type="radio"/> Floor Cable KW INSTALLED <input type="text"/> SECONDARY HEATING SYSTEM: <input type="radio"/> NONE <input type="radio"/> Oil <input type="radio"/> Natural Gas <input type="radio"/> Wood <input type="radio"/> Propane <input type="radio"/> Other	<b>NEW RESISTANCE HEATING SYSTEMS ONLY:</b> TYPE OF RESISTANCE SYSTEM REPLACED : <input type="radio"/> New Construction <input type="radio"/> Replaces Nat. Gas <input type="radio"/> Replaces Resistance <input type="radio"/> Added Capacity <input type="radio"/> Replaces Oil <input type="radio"/> Other <input type="radio"/> Replaces Propane <input type="radio"/> Replaces Wood AGE OF SYSTEM REPLACED? (yrs) <input type="text"/> INSTALLER: <input type="radio"/> Owner <input type="radio"/> Utility <input type="radio"/> Contractor Business Name (retailer or installing contractor) <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> REBATE <input type="text"/> (see below) Please attach <u>copy of sales invoice</u> (for new heating equipment only). <b>Incentive Rebate Amounts</b> - \$100 per residential home or \$50 per multi-family apartment/unit payable to owner of building.

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
Office Use Only:	Cooperative ID	Notes:	Authorized Amt
Form R1 12/10	Employee Name		



## Terms and Conditions—Heating Rate Program

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

This heating rate program applies to members with approved electric space heating equipment. There is currently a guarantee of rate availability through May 2015. This guarantee, however, does not fix the magnitude of the rate offered under this program.

### Program Requirements:

1. The primary heating system must be electric and metered separately.
2. The primary electric heating source must operate first, with the backup system operating only when the primary system is unable to satisfy the indoor thermostat setting.
3. An electric water heater (storage, heat pump water heater or supplemental solar) must be installed and provide 100% of the domestic water heating for the home. This requirement will not be enforced for participants grandfathered into this program.
4. The space heated by the primary electric system must be an area of 400 square feet or more.
5. The rebate for the Heat Plus rate is only available to the building owner. The rate is applicable to all ratepayers (including renters) with eligible heating systems.

Note: The Heat Plus rate is not intended to be applied to periodic heating applications or to provide heating during peak winter conditions only. A system where the building is totally unheated during unoccupied times is unacceptable.

The Cooperative reserves the right to suspend the rate and remove any metering equipment owned by the Cooperative if the member is no longer using the equipment on a regular basis or is in violation of any program requirement.

Incentive Amounts*	
Building Type	Incentive Rebate
Single Family Residence	\$100 per home
Multi-Family Residence	\$50 per unit

\*Rebates only available to building owners

**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 operates 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