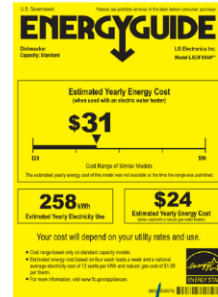


ELIGIBILITY CRITERIA

- ❖ **Appliance rebates must be submitted no later than 3 months after purchase** and must be installed on cooperative's lines.
- ❖ Rebates are in place through December 31, 2023, or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ Rebates submitted after December 31, 2023, will not qualify if the rebate is no longer offered in 2024.
- ❖ Additional eligibility criteria may apply. Contact cooperative for details. Program is subject to change or cancellation without notice.
- ❖ All documentation listed below must be **submitted no later than 3 months after the purchase date.**
 - ✓ This Rebate Form. Requests missing required information will be returned.
 - ✓ A copy of your receipt or invoice for each item purchased.
 - ✓ ENERGY STAR label for each item purchased – Except Inductive Range/Built in Cooktops.



Look for the
Energy Star logo,
as shown below,
to qualify for
your appliance
rebate!



**Submit required documentation to: Freeborn Mower Electric Cooperative
PO Box 611 | Albert Lea | MN 56007-0611**

MEMBER INFORMATION *Please fill out entire section*

Member Name			Email		
			<i>Email addresses will be used for cooperative communication only, including notification of rebate status. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i>		
Address			Account		Phone
City	State	Zip Code	Date	Member Signature	
Rebate for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

REBATE INFORMATION *Please fill in light gray shaded boxes for requested rebates*

Equipment	Specifications and Required Information Must be ENERGY STAR appliance (visit www.energystar.gov to verify)	Quantity	Rebate	Total Quantity x Rebate
Electric Clothes Dryer	Brand _____ Model Number _____		\$25	
Clothes Washer	Brand _____ Model Number _____		\$25	
Dehumidifier	Brand _____ Model Number _____		\$25	
Dishwasher	Brand _____ Model Number _____		\$25	
Freezer	Brand _____ Model Number _____ <i>Enter size of freezer (must be minimum of 10 cubic feet):</i>		\$25	
Inductive Range/Cooktop	Brand _____ Model Number _____		\$25	
Refrigerator	Brand _____ Model Number _____ <i>Enter size of refrigerator (must be minimum of 10 cubic feet):</i>		\$25	

Rebate(s) will be paid as a billing credit.

Total Rebate Amount Requested:

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved – Reason:	Total rebate issued: \$
Cooperative Representative:	Date: