



Your Touchstone Energy® Cooperative



APPLIANCES

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, 2021 or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ Rebates submitted after December 31, 2021 will not qualify if the rebate is no longer offered in 2022.
- ❖ 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 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.**

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: Residential Farm Commercial Industrial Institution/Government 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	
Heat Pump Clothes Dryer	Brand _____ Model Number _____ All heat pump clothes dryers qualify for the rebate.		\$50	
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: