



Heat Pump Compressor Replacement Rebate

Submit by mail or in person:
2099 Hwy 3 or PO Box 353 Clarion, IA 50525
For more information: 515-532-2805 or 800-728-0013
www.prairieenergy.coop

For Office Use Only

Total Rebate Amount:

Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- Currently operating air source or geothermal systems if not covered by manufacturer's warranty
- Rebate application along with required documentation must be submitted within 6 months of purchase

Member or Business Name

Account Number

1. Compressor Type

- Air source heat pump compressor
Rebate \$100 per ton
- Geothermal heat pump compressor
Rebate \$100 per ton

4. Water Heater Type

- Electric
- Natural gas/propane

2. Install Date

3. Equipment Information About Current Heating System

Make

Model

Serial No.

Cooling Capacity-tons

Additional Comments

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature

Date



Rebate Application

Submit by mail or in person:
2099 Hwy 3 or PO Box 353 Clarion, IA 50525
For more information: 515-532-2805 or 800-728-0013
www.prairieenergy.coop

For Office Use Only

Total Rebate Amount:

Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

Member Information

Member Name

Address

City - State - Zip

Account Number

Phone (include area code: sample - 999-999-9999)

Email

Rebate Unit Installation Information

Please answer questions based on the location where the unit was installed.

Location Installed

- Same as above Other
(complete below)

Address

City - State - Zip

Install Date

Structure Type

- Single Family Residence
 Farm Outbuilding
 Business
 Multi-Family Unit: apt/condo/duplex/etc.

Rebate Unit Installed In

- New Construction Existing Structure

Ownership

- Owned Leased

Installer (if applicable) or Purchased From

Business Name

Contact Name

City - State - Zip

Phone