

HEAT PUMP WATER HEATER REBATE (\$300.00)

This form, along with a copy of the applicable sales receipt, must be submitted to the co-op within 90 days of purchase.

Member Name:	Account Number:
Daytime Phone Number:	Email Address:
Physical Address:	
Is this your primary residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a replacement water heater? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous water heater was: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Wood fired	

PURCHASE & INSTALLATION CONFIRMATION

NOTE: AN ADD-ON HEAT PUMP FOR A REGULAR STORAGE WATER HEATER TANK DOES NOT QUALIFY

Purchased at	<input type="checkbox"/> Lowes <input type="checkbox"/> Home Depot <input type="checkbox"/> Sears <input type="checkbox"/> Other _____	
HPWH Information	Brand	_____
	Model #	_____
	Tank Size (Gallons)	<input type="checkbox"/> 50 gallon <input type="checkbox"/> Other _____
	Date of Purchase	_____
	Date of Installation	_____
	Name of Installer	_____
	Installation Location	<input type="checkbox"/> Indoors <input type="checkbox"/> Garage <input type="checkbox"/> Attic <input type="checkbox"/> Storage/Utility Building <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other

Four County EMC reserves the right to verify installation at the member's residence before issuing the rebate check.

I certify that I purchased and installed in my primary residence an Energy Star rated heat pump water heater.

Member Signature: _____ Date: _____

Please allow up to 4 to 6 weeks for processing. The HPWH must be installed where electricity is supplied by Four County EMC. The unit must have been installed in the 90 days preceding the application for rebate. Rebates are subject to change without notice. All rebates are subject to approval and are contingent upon fund availability. You must include a copy of the original dated sales receipt with this application. Submit completed application and sales receipt within 90 days of purchase to:
Four County EMC, Attn: Chris Ingram, PO Box 2000, Burgaw, NC 28425.

FOR COOPERATIVE USE ONLY

Date Received: _____ Date of Sales Receipt: _____ Criteria Met: Yes No

If rebate denied, list reason: _____

Authorizing Signature: _____ Date Approved: _____