



RESIDENTIAL FURNACE ECM AND MISC. REBATE APPLICATION



All rebates valid for up to 1 year from date of purchase.

TO RECEIVE A REBATE: 1. Complete this rebate form. 2. Include a copy of the original sales receipt and/or invoice for each appliance. 3. A copy of energy guide label containing ENERGY STAR® Symbol or denotation if applicable or an AHRI Certificate of Product Ratings.	MAIL TO: Moose Lake Power ATTN: Rebate Program P.O. Box 418 Moose Lake, MN 55767	E-MAIL TO: accounting@mlwl.us
<i>Valid for customers of Moose Lake Power only. Rebates are subject to available funds.</i>		

Customer Information (please complete all information below):				
Name of Homeowner	Phone	Installation Date	County	
Installation Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
E-Mail Address	Account Number			

Retailer/Contractor/Installer Information				
Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature		
<p>I hereby certify that</p> <ul style="list-style-type: none"> The information contained in this application is accurate and complete All installation is complete, and the unit(s) is operational prior to submitting application. All rules of this rebate program have been followed <p>I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release MLP from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.</p> <p>MLP reserves the right to reject any rebate application submitted as a result of work performed by a contractor who has failed to adhere to the terms and conditions established for the rebate program.</p> <p>Please sign and complete all information below.</p>		
Homeowner Signature	Print Name	Date

MLP Use Only				
Date Received	Rebate Approved	Amount	Date Approved	Check No.
	Yes No			
MLP Representative				

LIST OF FURNACE ECM AND MISC. MEASURES THAT QUALIFY FOR REBATES

REPLACEMENT FURNACE WITH ECM BLOWER MOTOR

REBATE: \$100

Quantity: _____ Central AC in Building (select one): Yes No

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

REPLACEMENT ONLY - DOES NOT QUALIFY IN A NEW CONSTRUCTION

ECM CIRCULATORS

REBATE: \$50/unit (Not to exceed 50% of pump cost)

Quantity: _____ Pump Wattage: _____

Function of Pump (select one): Domestic Hot Water Cold-Water Supply Space Heating Hot Water

Date of Installation: _____

PROGRAMMABLE THERMOSTAT (No rebate if gas heating type, contact your gas company)

REBATE: \$25/unit

Quantity: _____ Heating Type (select one): Electric ASHP GSHP Gas

New Thermostat Type (select one below):

Tier I (Programmable) Tier II (Communicating) Tier III (Analytics Capable) Energy Star

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

HEAT PUMP WATER HEATER (must have UEF of 2 or higher)

REBATE: \$300/unit

Quantity: _____ New Unit Tank Size (gallons): _____

Uniform Energy Factor (UEF): _____ If greater than 55 gal, must be greater than 2.2

Space Heating Type (select one): Electric Gas

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

CENTRAL AC / AIR SOURCE HEAT PUMP TUNE UP

REBATE: \$30/unit

Quantity: _____ Actions Cooling Capacity: (Tons): _____

Completed (circle all that apply below): Unit Efficiency: SEER: _____ EER: _____

Condenser Coil Cleaning & Filter Change

Refrigerant Charge Correction & Air Flow Correction

Contractor Name: _____ Date of Tune Up: _____

Electric WATER HEATER 105 Gallons or bigger (must be Energy Star certified)

REBATE: \$200/unit

Quantity: _____ **New Unit Tank Size (gallons):** _____

Space Heating Type (select one): Electric Gas

Manufacturer Name: _____ **Model Number:** _____ **Date of Installation:** _____

Electric WATER HEATER <105 Gallons (must be Energy Star certified)

REBATE: \$100/unit

Quantity: _____ **New Unit Tank Size (gallons):** _____

Space Heating Type (select one): Electric Gas

Manufacturer Name: _____ **Model Number:** _____ **Date of Installation:** _____