



RESIDENTIAL ENERGY STAR APPLIANCE REBATE APPLICATION



All rebates must be received within 90 days of purchase
2023 REBATES

Virginia Public Utilities

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.
4. This rebate will be credited to your account within 60 days.

Valid for customers of Virginia Public Utilities only. Rebates are subject to available funds.

MAIL OR BRING TO:

Virginia Public Utilities
618 Second Street South
PO Box 1048
Virginia, MN 55792

E-MAIL TO:

general@vpuc.com

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 #		

Retailer/Contractor/Installer Information

Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature

I hereby certify that

- 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

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 VPU 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.

VPU 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.

Homeowner Signature (typed signature is allowed)	Print Name	Date
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APPLIANCES THAT QUALIFY FOR REBATES

CLOTHES DRYER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: _____

Type (select one in each group):

Gas	Electric	Compact	Standard	Vented	Ventless
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Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

CLOTHES WASHER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: _____ Building Type (select one): Single Family Multi Family

Type (select one): Front Load Top Load Capacity (cubic feet): _____

Drying Energy Source (select one): Gas Electric Unknown

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

DEHUMIDIFIER (must be ENERGY STAR® certified AND UEF greater than 2)

REBATE: \$20/unit

Quantity: _____ Capacity (Pints / day): _____

New Unit Energy Factor (UEF): _____

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

DISHWASHER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: _____ Type (select one): Compact Standard

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

REFRIGERATOR/FREEZER (must be ENERGY STAR® approved)

REBATE: \$35/unit

Quantity: _____ Type (select one): Freezer Refrigerator Both

Style (select one): Compact Chest Compact Upright Standard Upright

Through the Door Ice (select one): Yes No Defrost Type (select one): Manual Auto Partial Auto

Configuration (select one): Refrigerator Only Top Mounted Freezer Side by Side Bottom Mounted Freezer

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

ADDITIONAL ITEMS THAT QUALIFY FOR REBATES BELOW:

Select any applicable item(s) below. A representative may need to contact you for additional information.

ENERGY STAR® Air Purifier - \$35

ENERGY STAR® Ceiling Fan - \$10

Tier II Power Strip - \$20

ENERGY STAR® Ceiling Fan w/ Integral LED Light - \$20

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