



# RESIDENTIAL FURNACE ECM AND MISC. REBATE APPLICATION



All rebates must be received within 90 days of purchase

Virginia Public Utilities

<b>TO RECEIVE A REBATE:</b>	<b>MAIL TO:</b>	<b>E-MAIL TO:</b>
<ol style="list-style-type: none"> <li>1. Complete this rebate form.</li> <li>2. Invoice clearly showing proof of purchase including manufacturer name, model numbers, serial numbers, date of installation, installation address, and total project cost.</li> <li>3. AHRI Certificate of Product Ratings for the equipment installed. (This document can be provided by your contractor) or a copy of energy guide label containing ENERGY STAR® Symbol or denotation if applicable</li> </ol> <p style="font-size: small; color: white;">Valid for customers of Virginia Public Utilities only. Rebates are subject to available funds.</p>	Virginia Public Utilities 618 Second Street South PO Box 1048 Virginia, MN 55792	general@vpuc.com

## Customer Information (Please Print)

Name of Homeowner	Phone	Installation Date	County	
Installation Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
E-Mail Address	Account Number			
<b>Building Type (select one):</b> Single Family      Multi Family				

## 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.

Please sign and complete all information below.

Homeowner Signature (typed signature is allowed)	Print Name	Date

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

## REPLACE EXISTING FURNACE WITH NEW FURACE WITH ECM BLOWER MOTOR

REBATE: \$100

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

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**\*NEW CONSTRUCTION INSTALLATIONS ARE NOT ELIGIBLE FOR A REBATE**

## 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

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 (Analytic Capable) Energy Star

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

## HEAT PUMP WATER HEATER (must have UEF of 2.2 or higher)

REBATE: \$400/unit

Quantity: \_\_\_\_\_ New Unit Tank Size (gallons): \_\_\_\_\_

Uniform Energy Factor (UEF): \_\_\_\_\_

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: \_\_\_\_\_