

# 2018 Energy Efficiency Rebate Program



**Southeastern Electric Cooperative, Inc.**

PO Box 1370 | Durant, OK 74702  
580-745-9463 | www.se-coop.com

## ENERGY STAR RESIDENTIAL ROOM AIR CONDITIONER REBATE APPLICATION

Member must: 1) Complete application in full 2) Sign 3) Submit with COPY of receipt within 90 days of purchase

Name: \_\_\_\_\_ Co-op Account #: \_\_\_\_\_

Address where appliance will be installed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address (if different than the installation address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

SECTION A

SECTION B

**Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone. All account information will be kept confidential between the Co-op and agents acting on their behalf.**

**WE WOULD LIKE TO KNOW SOME INFORMATION ABOUT YOU AND YOUR HOME:**

A. Replacement of existing appliance?      YES                      NO

B. Type of home heating system?      Electric              Gas              Both              Other: \_\_\_\_\_

C. How many people live in the home? \_\_\_\_\_

D. What type of water heater do you have?      Electric              Gas

E. What type of dwelling structure is the appliance installed at? (circle one)  
 Single family house      Multi-unit dwelling      Manufactured (single/dbl)      Other

F. Did this rebate influence your decision to buy the appliance?

G. How did you hear about our rebates? (circle one)  
 Radio                      Television                      Cooperative Newsletter  
 Cooperative Mailing              Cooperative Employee              Contractor or Builder  
 Newspaper Advertisement              Other \_\_\_\_\_

*I certify that the appliance(s) listed below meet program requirements and that they will be installed at the address listed above. I agree to allow a representative of the Cooperative to verify the appliance installation at the above address.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLIANCE TYPE	Must complete section below. If new unit is a replacement and old unit is not available, please write in brand name and age.	
NEW APPLIANCE	ENERGY STAR Room Air Conditioner	CO-OP'S CHECKLIST AND NOTES
BRAND NAME		
MODEL NUMBER		
SERIAL NUMBER		
REPLACED WHAT?		
BRAND NAME		
AGE		
REBATE AMOUNT	30% OF NET COST NOT TO EXCEED \$150	

**Instructions:**

- Please allow 2-3 weeks for processing. Limit one rebate per appliance. Please keep a copy for your records.
- The appliance must be installed where electricity is supplied by the Cooperative.
- You must include a copy of the original dated sales receipt with this application.
- Include your account number and sign the form.
- Please complete a separate application for each installation site.
- Incomplete applications will not be processed for rebates.
- Recipients of rebates may be requested to participate in a future survey by e-mail invitation or by phone.
- **Submit completed application and sales receipt within 90 days of purchase to Southeastern Electric Cooperative.**

**For Cooperative Use Only**

Date Received \_\_\_\_\_ Receipt on File   Y   N   Approval Signature \_\_\_\_\_