Rebate Form

Name: _____   Phone Number: _____

Installed Address: _____

Select the type(s) of appliances and complete the additional information, as required.
All rebates must be accompanied by a receipt and proof of Energy Star Rating, and checked by a City Representative.

☐ **Water Heater Blanket:** $10.00

☐ **Residential Air Conditioner:** $100.00 (At least 16 SEERS rating)
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Heating System:** $100.00 (Must have an AFUE of 90% or higher)
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Energy Star Qualifying Refrigerator:** $50.00
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Energy Star Qualifying Freezer:** $50.00
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Energy Star Qualifying Clothes Washer:** $50.00
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Energy Star Qualifying Clothes Dryer:** $50.00
Brand: _____   Model: _____
Serial Number: _____

☐ **Residential Energy Star Qualifying Dishwasher:** $50.00

Brand: _____ Model: _____

Serial Number: _____

☐ **Commercial Heating System:** $100.00 (Must have an AFUE of 90% or higher)

Brand: _____ Model: _____

Serial Number: _____

☐ **Commercial Air Conditioner:** $100.00 (At least 16 SEERS rating)

Brand: _____ Model: _____

Serial Number: _____

Please attach the sales receipt or a copy of the receipt and Energy Star paperwork for the City Representative to check.

I certify that the information supplied in this application is correct and that incentives will not be paid until I have complied with all program requirements.

Customer Signature: _____ Date: _____

Community Development Director Tammy Roberts will approve and inspect all applications.

If you have any questions, please contact the City of Bloomfield at 641-664-9653 between the hours of 7:00 am and 4:00 pm.

A check will be mailed to the applicant upon approval by the City Council.

FOR CITY USE ONLY

Approved By: _____ Amount: _____

Date: _____ Check Number: _____ Check Date: _____