

REBATE FORM

Name: _____ Phone Number: _____

Installed Address: _____

Appliance Type ~ Select appliance type and complete additional information
ALL rebates must be accompanied with a receipt & checked by a City Representative

****ALL rebate applications must be accompanied with proof of Energy Star rating****

_____ Water Heater Blanket, \$10.00

_____ Residential Air Conditioner, \$100.00 (At least 14.5 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 14.5 SEERS rating)
Brand _____ Model _____
Serial Number: _____

Please attach sales receipt or a copy of the receipt 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:** _____

A City representative will review and inspect all applications.

**If you have any questions, please contact the City of Bloomfield, at 641-664-2260,
between the hours of 7:00 a.m. and 4:00 p.m.**

A check will be mailed to the applicant upon approval.

Approved **Amount**

Date **Check No.** **Check Date**