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: ___________________________________________________________

Revision Date: 05/06/2020
_____ 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

Revision Date: 05/06/2020