

**Southern Iowa Electric Cooperative, Inc.**  
**Central Air-Conditioner and Air Source Heat Pump Rebate Claim Form**

**CUSTOMER INFORMATION (person receiving rebate):**

First Name	Last Name	Account Number	Phone	
Address		City	State	Zip

**EQUIPMENT LOCATION INFORMATION:** Check if same address as above:

First Name	Last Name	Phone		
Address	City	State	Zip	Date

<b>PROGRAM INFORMATION</b>	<b>AC/HEAT PUMP INFORMATION</b>
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**Instructions:**

1. Complete All Sections (please print) and sign the agreement to ensure proper and prompt payment of rebate.
2. Attach copy of equipment sales invoice. Should include size, efficiency rating, model and serial numbers of outdoor/indoor units. Submit within 90 days of purchase.

**Equipment Eligibility:**

1. Member must be in good standing with the Cooperative.
2. Rebates are limited to eligible services that purchase more than 6,000 kilowatt-hours of electricity from the Cooperative on an annual basis.
3. Central Air Conditioners and Air Source Heat Pumps must be listed in the ARI Directory to qualify. Include ARI Reference No. below.

**Central Air Conditioning and Air Source Heat Pumps**  
 Minimum SEER rating to qualify is 14.5 SEER

For assistance please contact the Member Services Department for additional rebate information.

<b>INSTALLATION INFORMATION</b>	
Date Installed	Cooled Area (sq. ft.)

- Load Type:**  1. New Construction     4. Replaces Central AC  
 2. New (existing home)     5. Replaces Window  
 3. Added Capacity

**Installer:**     1. Owner     2. Contractor

Business (retailer or installing contractor)		
Address		
City	State	Zip

<b>OUTDOOR Condenser</b>
<i>Information obtained by your contractor or on nameplate of the outdoor unit.</i>
Brand Name
Model Number
Serial Number
<b>INDOOR Evaporator (A) Coil</b>
<i>Information obtained by your contractor or sales invoice.</i>
Brand Name
Model Number
Serial Number

CAPACITY (Btuh):

SEER:

ARI Reference #

Total Rebate = \$

**MEMBER AGREEMENT (sign below)**

Member certifies that he/she purchased and installed the equipment listed in this application at the defined location served by the Cooperative. Member agrees that all information is true and that he/she has conformed to all program and equipment requirements provided with the application. The Cooperative reserves the right to inspect equipment and verify this information before issuing a rebate.

Member Signature

Date

Office Use Only: Verified By:	Date:	
AP Received By:	Date Paid:	Check No.

