

# ENERGY STAR<sup>®</sup> Appliance Rebate Application Form

## MMU CUSTOMER INFORMATION (please print)

Customer name \_\_\_\_\_ Daytime phone number \_\_\_\_\_ Tax ID or SSN (if Commercial acct.) \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Installation Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Customer Type:**  Commercial  Residential →  Owner/Occupant  Owner/Non-Occupant  Renter

**Water Heater Type:**  Electric  Natural Gas  Other \_\_\_\_\_

## APPLIANCE INFORMATION (please check all that apply)

**ENERGY STAR<sup>®</sup> Clothes Washer (\$100)**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model Number \_\_\_\_\_

Purchased From \_\_\_\_\_ Phone number \_\_\_\_\_ Purchase Date \_\_\_\_\_

**ENERGY STAR<sup>®</sup> Dishwasher (\$50)**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model Number \_\_\_\_\_

Purchased From \_\_\_\_\_ Phone number \_\_\_\_\_ Purchase Date \_\_\_\_\_

**ENERGY STAR<sup>®</sup> Full Size Refrigerator/Freezer (\$50)**

Manufacturer \_\_\_\_\_ Type \_\_\_\_\_ Model Number \_\_\_\_\_

Purchased From \_\_\_\_\_ Phone number \_\_\_\_\_ Purchase Date \_\_\_\_\_

**ENERGY STAR<sup>®</sup> Room Air Conditioner (\$25)**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model Number \_\_\_\_\_

Purchased From \_\_\_\_\_ Phone number \_\_\_\_\_ Purchase Date \_\_\_\_\_

**ENERGY STAR<sup>®</sup> Dehumidifier (\$10)**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Capacity (Pints) \_\_\_\_\_

Purchased From \_\_\_\_\_ Phone number \_\_\_\_\_ Purchase Date \_\_\_\_\_

**Rebate Total \$ \_\_\_\_\_**

**Please apply rebate to my account** (Rebate totals less than \$100 will be credited the following month)

**Please send me a rebate check** (Budget Bill customers or rebates totaling \$100 or more) Please allow up to 6 weeks for reimbursement.



**(Copy of receipt required)**

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved By: \_\_\_\_\_ For office use only Date: \_\_\_\_\_ Acct# \_\_\_\_\_

Credit Applied  Check Issued # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount\$ \_\_\_\_\_