



## Residential Heat Recovery Ventilation

PLEASE complete ALL sections and sign form to ensure proper and prompt payment of rebate.

### Member Address Information (person receiving rebate) Check if wind or solar generation is installed.

|            |           |                |                         |
|------------|-----------|----------------|-------------------------|
| First Name | Last Name | Account Number | Phone                   |
| Address    |           | City           | State Zip Email Address |

### Equipment Location Information Check if same address as above:

|            |           |                |                         |
|------------|-----------|----------------|-------------------------|
| First Name | Last Name | Account Number | Phone                   |
| Address    |           | City           | State Zip Email Address |

Check the ACCOUNT TYPE where equipment is located

|                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="radio"/> Residence Only  | <input type="radio"/> Farm Only          | <input type="radio"/> Apart.Bldg/Unit |
| <input type="radio"/> Resid./Farm     | <input type="radio"/> Business Only      |                                       |
| <input type="radio"/> Resid./Business | <input type="radio"/> Commercial/Indust. |                                       |

Check if you are a builder/developer and building is not yet owned by live-in residents: "Spec Building"

### Installation and Equipment Information

|   |          |      |   |                    |              |               |
|---|----------|------|---|--------------------|--------------|---------------|
| <p>DATE INSTALLED <input type="text"/></p> <ul style="list-style-type: none"> <li>The qualifying Heat Recovery Ventilation (HRV) system must serve the entire conditioned space of the home.</li> <li>The primary space heating system must be electric.</li> </ul> <p>INSTALLATION TYPE:</p> <p><input type="radio"/> New Construction</p> <p><input type="radio"/> Added HRV Equipment in existing home</p> <p><input type="radio"/> Replacement of existing HRV</p> <p><i>There is a limit of 2 units per home.</i></p> <p>PURCHASED FROM:</p> <table border="1"> <tr><td>Business</td></tr> <tr><td>City</td></tr> </table> | Business | City | <table border="1"> <tr><td>Manufacturer/Brand</td></tr> <tr><td>Model Number</td></tr> <tr><td>Serial Number</td></tr> </table> <p>Unit Watts <input type="text"/></p> <p>Supply CFM <input type="text"/></p> <p>Quantity <input type="text"/></p> <p>INSTALLED COST <input type="text"/></p> <p style="text-align: right;"><b>TOTAL REBATE</b> <input type="text"/></p> <p style="text-align: center;">Heat Recovery Ventilator (HRV) Rebate is \$250 per unit.</p> <p style="text-align: center;">Attach a <u>copy of receipt</u> or other proof of purchase.</p> | Manufacturer/Brand | Model Number | Serial Number |
| Business  |          |      |   |                    |              |               |
| City  |          |      |   |                    |              |               |
| Manufacturer/Brand  |          |      |   |                    |              |               |
| Model Number  |          |      |   |                    |              |               |
| Serial Number   |          |      |   |                    |              |               |

### Member Agreement (Must Sign)

I verify that the above described equipment was installed on the date and location specified. I agree to all program requirements provided (either separately or on back of this form) and that my electric Cooperative reserves the right to inspect all equipment and verify information before issuing a rebate.

|                         |      |
|-------------------------|------|
| <b>Member Signature</b> | Date |
|-------------------------|------|

|                         |                |        |                   |
|-------------------------|----------------|--------|-------------------|
| <b>Office Use Only:</b> | Cooperative ID | Notes: | Authorized Amount |
|                         | Employee Name  |        |                   |

**If your rebate does not exceed \$ 250.00 you have the option of it being applied to your electric bill or receiving a check. Please select one of the following.**  Send a Check  Apply to Electric Bill

## Terms and Conditions - Residential Heat Recovery Ventilation Incentive

**Program Offer:** The Program covers products purchased and/or services rendered on or after **January 1, 2018**.

### Eligibility Requirements:

There is a limit of 2 units per home.

### Qualifying Heat/Energy Recovery Ventilators

Central systems with internal fan system and separation of indoor and outdoor airflows. These units recover energy from exhaust air for the purpose of pre-conditioning outdoor air prior to supplying the conditioned air to the space, either directly or as part of an air-conditioning system.

### General Terms and Conditions

Rebates shall be pro-rated based on the percent of power supplied by the Cooperative if the member has distributed generation.

**Application Information:** Missing or incorrect information on the application may delay processing and delivery of the rebate. An invoice is required and should include specific product information, including the brand, model, serial number and date of purchase of the energy efficient measures. Other information including manufacturer's equipment performance sheets may be required upon request.

The Cooperative reserves the right to verify sales transactions and to have reasonable access to the Member's facility to inspect pre-existing equipment (if applicable) and energy efficient measures installed under this program.

**Warranty Information:** The Cooperative makes no warranties, expressed or implied, with respect to equipment operation, material, workmanship or manufacturing. The Cooperative does not guarantee that a certain level of energy or cost savings will result from the use of products covered by this program.

**Limitation of Liability:** The Cooperative's liability in connection with this program is limited to paying the rebate specified when all terms and conditions have been satisfied. Under no circumstances shall the Cooperative be liable for any consequential or incidental damages or tax liability resulting from participation in this program.

**Participant Certification:** Participating Member certifies that he/she purchased and installed the equipment listed on their application at the defined location served by the Cooperative. The Member agrees that all information provided is true and that he/she has conformed to all program requirements. If the equipment and application does not comply with the Cooperative's rules and qualifications, the rebate amount may be denied or adjusted.

**Program Changes/Termination:** The Cooperative reserves the right to extend, modify (including incentive levels) or terminate this Program at any time without prior or further notice. The Member is responsible for checking with the Cooperative to determine whether the program has been changed or is still in effect.

**Members must apply for rebates within six (6) months of the purchase date (as shown on the Member's invoice).** Past eligibility, however, does not guarantee that equipment will meet criteria for current programs in effect.