



# City of Kasson

Your Partner for Energy Savings

**ENERGY STAR<sup>®</sup>**  
**APPLIANCE TURN-IN REBATES**



## 2016 TERMS & CONDITIONS

Effective 1/1/16 - 12/31/16

### To receive a rebate:

1. Complete this rebate form after the appliance has been recycled.

2. Mail this form, including evidence of demanufacturing, to:

#### Kasson Public Utilities

401 5th Street SE

Kasson, MN 55944

(507) 634-7071

cityhall@cityofkasson.com

Dodge County Recycling: (507) 634-7875  
62236 240th Ave, Kasson

On the dump road (8th Ave NW) between  
Kasson and Mantroville

#### Hours

Monday 8am to 6pm

Tuesday - Friday

8am to 3pm

Saturday 8am to Noon

3. Only one service address per rebate application.

4. Rebate applicant must be an electric customer of Kasson Public Utility.

5. Funds are limited. Rebate offers may be withdrawn at any time without notice.

Applications will be processed on a first-come, first-served basis. This program is subject to change or termination without prior notice.

6. Rebates amounting to \$50 and under will automatically be applied to customer's utility account

7. Allow approximately six to eight weeks for processing.

## Save energy. Save money. Save the hassle.

Receive a rebate when you recycle (turn in) your old, inefficient refrigerator, freezer and/or room air conditioner.

### Customer Information

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime Phone Number (including area code) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

### REFRIGERATOR (PICK-UP)

**REBATE: \$35.00**

Manufacturer's Name \_\_\_\_\_

Quantity \_\_\_\_\_

Date of Pick-Up/Drop-Off \_\_\_\_\_

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

Did you purchase a replacement refrigerator?  No  Yes

Recycler Signature \_\_\_\_\_

### FREEZER (PICK-UP)

**REBATE: \$35.00**

Manufacturer's Name \_\_\_\_\_

Quantity \_\_\_\_\_

Date of Pick-Up/Drop-Off \_\_\_\_\_

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

Did you purchase a replacement freezer?  No  Yes

Recycler Signature \_\_\_\_\_

### ROOM AIR CONDITIONER (PICK-UP OR DROP OFF)

**REBATE: \$25.00**

Manufacturer's Name \_\_\_\_\_

Quantity \_\_\_\_\_

Date of Pick-Up/Drop-Off \_\_\_\_\_

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

Did you purchase a replacement air conditioner?  No  Yes

Recycler Signature \_\_\_\_\_

I certify that I have read, understand and agree to the terms and conditions of this rebate application. I also certify that all appliances have been turned in per requirements.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Allow approximately six to eight weeks after the pickup for your recycling check to be processed. Funds are limited. Rebates are not guaranteed. This program is subject to change or termination without prior notice.

#### OFFICE USE ONLY

Date: \_\_\_\_\_ Application #: \_\_\_\_\_

Utility Representative Approval \_\_\_\_\_ Rebate Total: \$ \_\_\_\_\_



# City of Kasson

## ENERGY STAR® APPLIANCE TURN-IN REBATES



Your Partner for Energy Savings

## Proof of Demanufacturing

Required to receive Appliance Turn-In Program rebate

**NOTE: This form must be completed by the party responsible for ensuring that the old, working unit will be turned over to an appliance recycler. (This form cannot be completed by the consumer.)**

### Consumer Information

Consumer Name

Utility Account Number

### Appliance Information

Address from which the appliance was removed

Appliance pick-up/drop off date

City

State

Zip Code

Appliance to be turned-in

Appliance Manufacturer

Serial Number

Model Number

### Recycler Information

Recycler Responsible for Demanufacturing

TOC or Reference Number (if applicable)

By signing the following, I certify under penalty of law that this appliance will be turned over to a licensed recycler and removed from the grid (not resold or reused). The appliance will be fully decommissioned, including refrigeration and mercury components and refrigerants and CFCs recycled following federal, state and local laws. I attest that the following information is accurate and verify that this appliance was turned in by the resident listed on this rebate application. I am aware that penalties may apply for supplying false information.

Signature of person hauling off / receiving appliance

Company Name

#### Note to Consumer

1. This Proof of Demanufacturing must be attached to your rebate request.
2. If utility hauler is not able to haul away your old unit within 30 days, please provide the TOC or reference number provided by the recycler, as well as the scheduled pick-up date and utility name. A call will be made to the utility/recycler to verify information prior to rebate payment.