



RESIDENTIAL ELECTRONIC PROGRAMMABLE SETBACK THERMOSTAT REBATE \$40*



Customer Information

ACCOUNT NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE : _____

EMAIL ADDRESS: _____

I am an electric customer who is:

An Owner/Occupant An Owner/Non-Occupant A Renter

Retailer/Contractor Information

Retailer/Contractor Name: _____

Phone Number: _____

Installed By: _____

(write "SELF" if self-installed)

Electronic Programmable Setback Thermostat

Manufacturer: _____ Model #: _____

Date Installed: _____ Heating Source:**
 Natural Gas Electric Other

*Rebate may not exceed \$40.00.

** Rebate only applies to heating systems controlled by electric heat.

2016 TERMS and CONDITIONS

Effective 1/1/2016 – 12/31/2016

Rebates are offered for the purchase of energy efficient, ENERGY STAR® products. Please review the Terms and Conditions below. Complete ALL information on this page.

1. Only one service address per rebate application.
2. Rebate applicant must be an electric customer of Kasson Public Utility.
3. Funds are limited. Rebate offers may be withdrawn at any time without notice. Applications will be processed on a first-come, first-served basis.

4. Allow approximately six to eight weeks for processing

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

6. The thermostat must be purchased and installed during current rebate year; received by Jan. 31st

7. A copy of the original sales receipt or invoice which includes the date of sale, customer name, model number and manufacturer name MUST be included with the application for each rebate request.

8. Return the *completed application and required documentation* to:

City of Kasson – Rebates
401 5th Street SE; Kasson

(507) 634-7071

I certify that I have read, understand and agree to the terms and conditions of this rebate application. I also certify that the thermostat has been installed at the service address listed above.

Customer Signature _____ Date _____

OFFICE USE ONLY: Rebate Total _____ Application No. _____

Utility Representative Approval _____ Date _____