

## Heat Recovery & Energy Recovery Ventilators Rebate

Mail to: PO Box 486 – Glidden, IA 51443 For more information: 712-659-3649 www.rvec.coop	For Office Use Only  Total Rebate  Amount:
Program Criteria  - ALL INFORMATION MUST BE COMPLETED TO RE  - \$125 rebate per unit. Whole house system for new concentration along with required documentation	or existing home
Member or Business Name	Account Number
New Recovery Ventilator Type     Heat Recovery Ventilator (HRV)     Energy Recovery Ventilator (ERV)      Equipment Information Specifications	4. Heating System  Geothermal heat pump  Air source heat pump  Electric-central/zoned  Natural gas/propane
Make  Model  Serial No.  Replacement Information	5. Cooling System  Geothermal heat pump  Air source heat pump  Central Air  Window unit(s)  None
New installation Old unit replaced	6. Water Heater Type  Electric Natural gas/propane
been installed at the member's location served by RVEC. RVEC	JDED. Member certifies that the item listed in this application has reserves the right to inspect home/equipment and verify this modify (including incentive levels) or terminate this program at
Member Signature	Date



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## **Rebate Application**

## For Office Use Only

Total Rebate
Amount:

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- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form

- Rebate application along with required documentation	n must be submitted within 6 months of purchase
Member I	nformation
Member Name	Address
City - State - Zip	Account Number
Phone (include area code: sample - 999-999-9999)	Email
Rebate Unit Insta	llation Information
Please answer questions based on th	e location where the unit was installed.
Location Installed	Structure Type
Same as above Other (complete below)  Address City - State - Zip	Single Family Residence Farm Outbuilding Business Multi-Family Unit: apt/condo/duplex/etc.
Install Date	Rebate Unit Installed In  New Construction  Existing Structure  Ownership
	Owned Leased
Installer (if applicabl	le) or Purchased From
Business Name	Contact Name
City - State - Zip	Phone