



2010 ENERGY STAR® Product Rebate Application



INSTRUCTIONS

1. Obtain Retailer Signature below if you are requesting a Recycling Rebate for your old working Refrigerator, Freezer or Room Air Conditioner.
2. Complete this application and sign the form below.
3. Include a copy of your receipt/invoice. (Purchase date must be between 1/1/10 and 12/31/10.)
4. Provide the ENERGY STAR logo from the carton for CFL, Light Fixture/Ceiling Fan with Lighting and Room Air Conditioner rebates.
5. Mail or bring this completed application form, receipt, and ENERGY STAR logo (if required) to:

Princeton Public Utilities
 PO Box 218
 907 First Street
 Princeton, MN 55371-0218

SaveEnergyInPrinceton.com

CUSTOMER INFORMATION

Residential Last Name/Business Name _____ Res. First Name _____

Business Contact (if applicable) _____ Daytime Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Installation Address (if different) _____

City _____ State _____ Zip Code _____

Account Number _____ Business Tax ID (if applicable) _____

How did you hear about our rebates: Radio TV Retailer/Contractor Utility Rep.
 Utility Newsletter Utility Mailing Newspaper Ad Other

How do you heat your home: Gas Electric Don't Know

What type of water heater do you have: Gas Electric Don't Know

Residential Customer Type: Owner/Occupant Owner/Non-occupant Renter

Commercial Customer Type: Owner/Occupant Owner/Non-occupant Renter

For statistical purposes only, please provide the following information.

Responses will be combined with others for analysis, as required by the Minnesota Department of Commerce.

Is your household income above or below the amount corresponding to your household size in the table to the right?

Above Below

Household Size and Annual Income

No. of People	Income
1	\$21,695
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

I certify that the equipment for which I am claiming a rebate is ENERGY STAR-qualified, meets the requirements shown in this application, has been installed at the installation address listed above, and that this address represents a valid Utility account:

Customer Signature _____ Signature Date _____

Retailer Signature is required below if you are requesting a Recycling Rebate for your old working Refrigerator, Freezer or Room Air Conditioner.

I certify that this recycled equipment will be recycled in compliance with all environmental regulations:

Retailer Signature _____ Signature Date _____



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ENERGY STAR Equipment:	Compact Fluorescent Lamp (CFL)	Refrigerator	Freezer	Dishwasher	Clothes Washer
Rebate per Unit:	\$2 or 50% of CFL cost, whichever is more	\$25	\$25	\$25	\$50
Recycling Rebate per Unit:		Cost of recycling up to \$50	Cost of recycling up to \$50		
CFL/Project Type: (select one)	<input type="radio"/> Standard <input type="radio"/> Flood <input type="radio"/> 3-Way <input type="radio"/> Dimmable <input type="radio"/> Dimmable Flood	<input type="radio"/> Replace failed unit <input type="radio"/> Replace and recycle working unit <input type="radio"/> Replace working unit (no recycle) <input type="radio"/> New installation	<input type="radio"/> Replace failed unit <input type="radio"/> Replace and recycle working unit <input type="radio"/> Replace working unit (no recycle) <input type="radio"/> New installation	<input type="radio"/> Replace failed unit <input type="radio"/> Replace working unit <input type="radio"/> New installation	<input type="radio"/> Replace failed unit <input type="radio"/> Replace working unit <input type="radio"/> New installation
Estimated Age of Existing Equipment (if applicable)		_____ Years	_____ Years	_____ Years	_____ Years
Manufacturer:					
Model Number:					
Wattage/Size:	_____ CFL Watts _____/_____/_____ CFL Watts (3-Way)	_____ Cubic Feet	_____ Cubic Feet		
Quantity:					
Installation Date:					
Loads per Week:					
Equipment Cost:	\$	\$	\$	\$	\$
Recycling Quantity: (if applicable)					
Recycling Cost: (if applicable)		\$	\$		
Retailer Name and Address:					
Total Rebate Expected:	\$	\$	\$	\$	\$



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ENERGY STAR Equipment:	Light Fixture/Ceiling Fan with Lighting	Room Air Conditioner	Central Air Conditioner**	Air Source Heat Pump**
Rebate per Unit:	\$15 (Select Type) <input type="radio"/> Hardwired CFL Fixtures <small>(no portable or table lamps)</small> <input type="radio"/> Torchieres <input type="radio"/> Ceiling Fans with Lighting <input type="radio"/> CFL Kits for Ceiling Fans \$20 (Select Type) <input type="radio"/> Hardwired LED Fixtures*	\$25 (limit 2 per account) Select Type: <input type="radio"/> With Louvered Sides <small>(for window installation)</small> <input type="radio"/> With Smooth Sides <small>(for through-the-wall installation)</small>	\$200 + \$75/SEER for each 1 SEER above 14.0 SEER	Split Systems and Single Package < 65,000 Btuh: \$200 + \$75/SEER for each 1 SEER above 14.0 SEER
Recycling Rebate per Unit:		Cost of recycling up to \$25		
Project Type: <i>(select one)</i>	<input type="radio"/> Replace failed unit <input type="radio"/> Replace working unit <input type="radio"/> New installation	<input type="radio"/> Replace failed unit <input type="radio"/> Replace and recycle working unit <input type="radio"/> Replace working unit (no recycle) <input type="radio"/> New installation	<input type="radio"/> Replace failed unit <input type="radio"/> Replace working unit <input type="radio"/> New installation	<input type="radio"/> Replace failed equipment <input type="radio"/> Replace working equipment <input type="radio"/> New installation
Estimated Age of Existing Equipment <i>(if applicable)</i>	_____ Years	_____ Years	_____ Years	_____ Years
AHRI Reference #:				
Cooling Capacity:		_____ Btuh	_____ Btuh	_____ Btuh
Purchase Date:				
Wattage/Efficiency Rating:	_____ CFL/LED Watts	_____ EER	_____ SEER	_____ SEER
Manufacturer/Brand:				
Model Number:			Condenser Model: A-Coil Model:	
LED Trim Model: <i>(if applicable)</i>				
Quantity:		_____ (limit 2 per account)		
Installation Date:				
Equipment Cost:	\$ _____	\$ _____	\$ _____	\$ _____
Recycling Quantity: <i>(if applicable)</i>				
Recycling Cost: <i>(if applicable)</i>		\$ _____		
Retailer Name and Address:				
Total Rebate Expected:	\$ _____	\$ _____	\$ _____	\$ _____

* List of qualifying ENERGY STAR LED Fixtures and associated trim can be found at www.energystar.gov
 ** Through 12/31/10, Central AC units and ASHPs may also be eligible for a Federal Tax Credit of up to 30% of the installed cost.



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TERMS AND CONDITIONS

All information for the requested rebate as well as signatures from customer and retailer (if requesting recycling rebate) must be completed. Only complete applications will be processed. Customers must apply for rebates within three months of the purchase date shown on the receipt/nvoice. The rebated equipment must be new (used/refurbished equipment does not qualify) and installed where electric service is provided by the Utility on a retail basis. The Utility reserves the right to conduct random inspections to verify installation of the rebated equipment at the installation address indicated on the first page of this form. Recycled equipment must be in working condition to be eligible for the recycling rebate. Due to limited funding, this rebate offer can be withdrawn at anytime without notice, and is available on a first-come, first-served basis. After satisfactory review of the rebate form and other required documentation, a rebate check will be sent to the customer. Please allow 60 days from the receipt of this form for the delivery of the rebate. The Utility does not guarantee that the implementation of energy-efficiency measures or use of the equipment purchased and installed pursuant to this program will result in energy or cost savings. The Utility does not endorse any particular vendor, manufacturer, or product, and makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warranty of merchantability or fitness for purpose. In no event shall the Utility be liable for any incidental or consequential damages.

FOR UTILITY USE ONLY

Total Rebate _____ Utility Approval _____ Approval Date _____ Date Paid _____