

2008 REBATE CLAIM FORM — MINNESOTA APPLIANCE REBATE

(All appliances must be ENERGY STAR® rated to qualify for a rebate)



You must complete all information to avoid claim denial or processing delays.

CUSTOMER INFORMATION					
Person or Company Receiving Rebate			Mailing Address (if different than installation address)		
Installation Address			City		
City	State	Zip	State	Zip	
IPL Acct. No. (at installation address) _ _ - _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _			Name on IPL Acct.		
Contact Person			Phone No. ()		
Building Type <input type="checkbox"/> Single-Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Multi-Family <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Agriculture <input type="checkbox"/> Church/School				Approximate Year Building Was Constructed (required)	
Tax Status <input type="checkbox"/> Residential <input type="checkbox"/> Sole-Proprietor* <input type="checkbox"/> Partnership* <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious *If sole-proprietor/partnership, you must provide Social Security/Federal Tax ID number associated with legal name above. _____					
This Equipment Was Purchased <input type="checkbox"/> To Replace Existing Working Equipment <input type="checkbox"/> To Replace Existing Failed Equipment <input type="checkbox"/> As New Equipment in Existing Building <input type="checkbox"/> As New Equipment in Newly-Constructed Building					
How did you find out about this IPL energy-efficiency program? <input type="checkbox"/> Bill Insert <input type="checkbox"/> Direct Mail <input type="checkbox"/> IPL Rep. <input type="checkbox"/> Internet <input type="checkbox"/> Word-of-Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Dealer <input type="checkbox"/> Other					

NEW PRODUCT INFORMATION			
Brand Name	Model No.	Serial No.	Purchase Price \$
<input type="checkbox"/> Clothes Washer (\$100) (Maximum of 2)		Water Heater Type: (required)	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other
<input type="checkbox"/> Room Air Conditioner (\$50) (Maximum of 3) EER _____ Capacity (BTU/Hr) _____		Type: (mark one)	<input type="checkbox"/> Casement <input type="checkbox"/> Louvered Sides - Yes <input type="checkbox"/> Casement Slider <input type="checkbox"/> Louvered Sides - No

PURCHASED OR INSTALLED INFORMATION			
<input type="checkbox"/> Self-Installed <input type="checkbox"/> Dealer Installed		Date Equipment Installed	Purchased At (Dealer Name)
Address		City	State Zip
Dealer ID No. (if applicable)		Phone No. ()	

CUSTOMER AGREEMENT		
I certify the ENERGY STAR rated equipment was purchased between January 1, 2008 and December 31, 2008, and installed by February 28, 2009. All statements made in this application are correct. I agree to the terms and conditions in the 2008 Cash Rebates booklet.		
Customer Signature	Date	Donate your rebate to IPL's Hometown Care Energy Fund and help local families in need (tax deductible). <input type="checkbox"/> Yes <input type="checkbox"/> No
Mail copy of itemized sales receipt, along with completed claim form within 30 days of installation to: IPL • Energy-Efficiency Programs • P.O. Box 351 • Cedar Rapids, IA 52406-0351 For room air conditioners, the ENERGY STAR logo from product box must accompany the claim form submission.		