



Electric Thermal Storage (ETS)

Rebate Application

Arrowhead Cooperative
5401 West Highway 61
PO Box 39 | Lutsen, MN 55612
218-663-7239 or 800-864-3744
Fax: 218-663-7850

Member Information:

Name _____ Account # _____

Address _____

City _____ State _____ ZIP _____ Phone _____

By signing this application, I certify the appliances for which I am claiming a rebate are qualifying ENERGY STAR® rated products (water heating equipment only) and are installed at the address listed above which represents a valid Arrowhead Cooperative account.

Signature _____ Today's date _____

Equipment Information:

Electric Thermal Storage (ETS) high-efficient water heater

Uses off-peak electricity to "charge" water heaters to meet members' hot water needs during the "on-peak" period while the electric supply is interrupted.

\$400 – 80+ gallon ETS water heater

Energy Factor rating: .90+ Yes No

\$400 – 100+ gallon ETS water heater

Energy Factor rating: .90+ Yes No

Electric Thermal Storage (ETS) space heating units,

Total new kW: _____

\$50/kW Installation type: New

Replacement of old ETS unit(s)

Old unit, replacement info: Make Steffes or Other

Other: _____

Model: _____

Total kW Size: _____

New unit info:

Make Steffes

Other: _____

Model: _____

Total kW Size: _____

Retailer Information

Vendor/Store Name: _____ City/St _____

Important:

- Provide copy of the receipt with purchase date.
- Provide proof of energy rating for water heaters – must be .90+ to be eligible for rebate.
- Maximum size of 100kW rebated for space heating units.
- Purchased ETS units must be installed at an address within the Arrowhead Cooperative service territory.
- Installation location must be a residential or seasonal electric account.
- The space heat or water heater must be separately metered and controlled by Arrowheads load management system.
- Commercial systems may be rebated on a custom basis.
- The ETS units may be verified or inspected during reasonable hours by the Cooperative to receive this rebate.
- Rebate funds are limited. Call Arrowhead Cooperative to determine availability of funds before you purchase.
- Fill out this form completely. Incomplete forms will not be processed.

Member Signature _____ Date _____

Rebate program is subject to change or cancellation without notice.

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