

# 2021 Energy Wise Heating Residential Rebate Application

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

## Member Information:

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Service Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

## Equipment Information:

### Interruptible heating system

Interruptible heating systems must be enrolled in an interruptible rate program to qualify for a rebate. See interruptible program form for program requirements and terms.

#### Type of System

#### Kilowatts (kW) installed:

#### Make and Model:

- Central space (Boiler or Forced Air) \_\_\_\_\_  
 Room units \_\_\_\_\_  
 Slab heating systems \_\_\_\_\_  
 Other: \_\_\_\_\_

Total installed kilowatts (kW): House: \_\_\_\_\_ Garage: \_\_\_\_\_ Other: \_\_\_\_\_

### Electric Thermal Storage (ETS) space heating units

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

Installation type:  New  Replacement of old ETS unit(s)

New unit info: Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Total kW size \_\_\_\_\_

Total Rebate Amount (\$50.00/ kW total): \_\_\_\_\_

## Retailer Information:

Vendor/Store Name: \_\_\_\_\_ City/St \_\_\_\_\_

### Important: Incomplete forms will not be processed.

- Equipment must be installed at an address within the Arrowhead Cooperative service territory.
  - Equipment must be separately metered and controlled by Arrowhead Cooperative's load management system.
  - Member shall enroll in the load management program for a term of no less than three years to be eligible for a heating rebate - early termination will require return of rebate funds.
  - Include a copy of the original dated sales receipt.
  - Return completed form & attachments to Arrowhead Cooperative, PO Box 39, Lutsen, MN 55612.
- Rebate will be processed after form is complete and control is confirmed by Arrowhead Cooperative.  
Check with Arrowhead Cooperative to confirm availability of rebate funds.

By signing this application, I certify the appliances for which I am claiming a rebate are installed at the address listed above which represents a valid cooperative account.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*Rebate program is subject to change or cancellation without notice.*

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