

2021 Water 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:

Electric Thermal Storage (ETS) high-efficiency 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. Must have Energy Factor rating of .90 or higher.

- \$400 – 80+ gallon ETS water heater Energy Factor rating: .90+ Yes No
 \$400 – 100+ gallon ETS water heater Energy Factor rating: .90+ Yes No

Interruptible high-efficiency water heater

Interruptible water heater must be enrolled in an interruptible rate program to qualify for a rebate. Arrowhead Cooperative Member agrees to enroll for a minimum three year program term. See interruptible program form for program requirements and terms. Minimum storage capacity 50 gallons.

- \$200 – Interruptible high-efficiency Water Heater Manufacturer: _____
Model Number: _____

Hot Water Circulating Pump

- \$50 Circulating pump with electronically commutated motor (ECM).
Manufacturer: _____ Model Number: _____

Heat Pump Water Heater

- \$500 New Energy Star Heat Pump Water Heater with an energy factor of 2.0 or higher.
Manufacturer: _____ Model Number: _____

Retailer Information

Vendor/Store Name: _____ City/St _____

Important: Incomplete forms will not be processed

- Provide copy of the receipt with purchase date.
- Provide proof of energy rating for water heaters
- Equipment must be installed at an address within the Arrowhead Cooperative service territory.
- The water heater must be separately metered and controlled by Arrowhead’s load management system.
- Return completed form & attachments to Arrowhead Cooperative, PO Box 39, Lutsen, MN 55612.

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 Arrowhead Cooperative account.

Member Signature _____ Date _____

Rebate program is subject to change or cancellation without notice.