



HEAT PUMP WATER HEATER REBATE *(OFFER EXPIRES 12/31/2017)*

This form, along with a copy of the applicable sales receipt, must be submitted to the co-op within 90 days of purchase.

Member Name:		Account Number:	
Daytime Phone Number:		Email Address:	
Physical Address:			
Is this your primary residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a rental property or vacation home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a replacement water heater? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous water heater was: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Wood fired

PURCHASE & INSTALLATION CONFIRMATION

NOTE: AN ADD ON HEAT PUMP FOR A REGULAR STORAGE WATER HEATER TANK DOES NOT QUALIFY

Purchased at <input type="checkbox"/> Lowes <input type="checkbox"/> Home Depot <input type="checkbox"/> Sears <input type="checkbox"/> Other _____	
HPWH Information	Brand _____
	Model # _____
	Tank Size (Gallons) <input type="checkbox"/> 50 gallon <input type="checkbox"/> Other _____
	Date of Purchase _____
	Date of Installation _____
	Name of Installer _____
	Installation Location <input type="checkbox"/> Indoors <input type="checkbox"/> Garage <input type="checkbox"/> Attic <input type="checkbox"/> Storage/Utility Building <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other _____

Tideland EMC reserves the right to verify installation at the member's residence before issuing the electric bill rebate credit.

I certify that between January 1, 2017 and December 31, 2017 I purchased and installed in my primary residence an Energy Star rated heat pump water heater.

Member Signature: _____ Date: _____

Please allow up 4 to 6 weeks for processing. The HPWH must be installed where electricity is supplied by Tideland EMC. You must include a copy of the original dated sales receipt with this application. Submit completed application and sales receipt within 90 days of purchase to: **Tideland EMC, Attn: Heidi Smith, PO Box 159, Pantego, NC.**

FOR COOPERATIVE USE ONLY

Date Received: _____ Date of Sales Receipt: _____ Criteria Met: Yes No

If rebate denied, list reason: _____

Authorizing Signature: _____ Date Approved: _____

Forward to Billing Supervisor to process \$300 electric bill credit