

CONSERVE & \$AVE

1. TERMS AND CONDITIONS

2008

This program offers rebates for the purchase of energy-efficient equipment. Applicants should review the Terms and Conditions listed below and fill in the corresponding rebate information on the following pages. To qualify for a rebate, these requirements must be met:

- **Only one service address per application.**
- **Rebates will not exceed the purchase price. All rebates \$25 and under will be applied to your account.**
- **Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.**
- Energy-efficient equipment must be connected to an electric, water, or gas* service supplied by Austin Utilities, Owatonna Public Utilities, or Rochester Public Utilities and **subject to inspection.** (For example, you must have your **ELECTRIC** service through one of these utilities in order to receive an **ELECTRIC** rebate.) *Gas rebates are not available in Rochester.
- Equipment installations must meet our **Minimum Efficiency Requirements** to qualify for a rebate. Gas Appliances Manufacturers Association (GAMA), Air-conditioning & Refrigeration Institute (ARI), Center for Energy Efficiency (CEE), and ENERGY STAR® standards are used. (Please refer to the appliance or equipment section of this rebate form for requirements and reference sources.)
- **Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from the previous year's purchases must be received by March 31.**
- Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
- **Return the completed application and required documentation to your utility provider.**




Austin Utilities
400 - 4th Street NE
Austin, MN 55912-3495
(507) 433-8886
(507) 433-5045 fax
www.austinutilities.com

Owatonna Public Utilities
P.O. Box 800
Owatonna, MN 55060-0800
(507) 451-2480
(507) 451-4940 fax
www.owatonnautilities.com

Rochester Public Utilities
4000 East River Road NE
Rochester, MN 55906-2813
(507) 280-1500
(507) 280-1542 fax
www.rpu.org

ATTENTION! ALL THE FOLLOWING SUPPORT ITEMS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

- ✓ **FOR ALL REBATES**, applicants must include a final, detailed copy of the original sales receipt/invoice/picking slip, which must include the customer name, date of sale, manufacturer name, model number, and date of installation.
- ✓ **FOR COMPACT FLUORESCENT BULB (CFL) REBATES**, applicant must also include the CFL packaging which must include the ENERGY STAR® logo and bulb wattage (*in addition to items listed above*).
- ✓ **FOR DEHUMIDIFIER, FREEZER, REFRIGERATOR, and/or ROOM AC RECYCLING REBATES**, applicant must include proof of recycling from retailer or county recycling center showing the fee paid (*in addition to items listed above*).

 **SIGNATURE:**
I certify that I have read, understand, and agree to the Terms and Conditions of this rebate application and that all equipment has been installed.

Customer Signature _____ Date _____

OFFICE USE ONLY ID _____ Appliance or Equipment _____

Date of Inspection _____ Approved By & Date _____ Total Rebate Amount \$

TEAMING UP



an enfinity energy partner

TO SAVE YOU MONEY!



2. CUSTOMER INFORMATION (please print)

SECTION 2 MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED

Customer Name _____ Home Phone Number (with area code) _____ Daytime Phone Number (with area code) _____

Mailing Address _____ City _____ State _____ Zip Code + 4 _____

Installation address (if different from mailing address) _____ City _____ State _____ Zip Code + 4 _____

Account Number _____ Location Number _____

Please apply rebate to my account. Please send me a rebate check. (Any rebate \$25 and under will be credited to your account.)

How did you hear about **CONSERVE & SAVE**? Radio TV Newspaper Billboard Retailer/Vendor Contractor
 Utility Representative Utility Mailing Utility Newsletter Utility Web Site Other _____

REQUIRED: I am a: **Residential** Customer
 Owner/Occupant
 Owner/Non-Occupant
 Renter

I am a: **Commercial** Customer
 Owner/Occupant
 Owner/Non-Occupant
 Renter

OFFICIAL USE ONLY
 Gas
 Electric
 Water

My home/business is heated by: Electric Gas Don't Know

My water heating is: Electric Gas Don't Know

Number of People in Household	Annual Household Income
1	\$20,122
2	\$26,313
3	\$32,505
4	\$38,697
5 or more	\$44,888

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- 1) Find your household size on the table to the left.
- 2) Determine your annual household income, before taxes, including pension, social security, etc.
- 3) Is your household income above or below the amount corresponding to your household size in this table? **above** **below**

(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)

3. RETAILER/CONTRACTOR INFORMATION (please print)

Retailer's/Contractor's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (write **SELF** if customer installed) _____

Type of Appliance/Equipment Installed _____

Retailer's/Contractor's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (write **SELF** if customer installed) _____

Type of Appliance/Equipment Installed _____



2008 ENERGY STAR® REBATES

All Minimum Efficiency Requirements are ENERGY STAR label. (www.energystar.gov)

CLOTHES WASHERS

ELECTRIC, WATER, & NATURAL GAS* REBATE: \$25-\$100

Note: Rebate is calculated at \$50 for electric, \$25 for water, \$25 for gas*. (Examples: Electric Only = \$50, Electric & Water = \$75, Electric, Water, & Gas* = \$100.)

Manufacturer's Name: _____

Model #: _____ Number of Units Installed: _____

Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

*Natural Gas Rebate not applicable in Rochester

OFFICE USE ONLY

Electric Rebate Total: \$ _____

Water Rebate Total: \$ _____

Gas* Rebate Total: \$ _____

COMPACT FLUORESCENT BULBS

REBATE: 50% of bulb or package cost (Must include packaging with ENERGY STAR logo and bulb wattage)

Manufacturer's Name: _____

Model #: _____ Number of Bulbs: _____ Wattage: _____

Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

DEHUMIDIFIERS

PURCHASE & RECYCLE REBATE: \$65 (Recycling of a non-failed unit is required for this rebate. Must include recycle receipt.)

Manufacturer's Name: _____ Model #: _____ Capacity (Pints/Day): _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Rebate Total: \$ _____

DISHWASHERS

REBATE: \$25

Manufacturer's Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____



2008 ENERGY STAR® REBATES continued...

All Minimum Efficiency Requirements are ENERGY STAR label. (www.energystar.gov)

FREEZERS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$50 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED? NO YES (Must include recycle receipt)

Manufacturer's Name: _____ Model #: _____ Size in Cubic Feet: _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

LIGHT FIXTURES

REBATE: \$15 (Must include packaging with ENERGY STAR logo)

TYPE: Hardwired CFL fixtures (no portable or table lamps) Torchiere Ceiling fans with pin style CFL lighting Pin style CFL light kits for ceiling fans

Manufacturer's Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

REFRIGERATORS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$50 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED? NO YES (Must include recycle receipt)

Manufacturer's Name: _____ Model #: _____ Size in Cubic Feet: _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

ROOM AIR CONDITIONERS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$25 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED? NO YES (Must include recycle receipt)

Manufacturer's Name: _____ Model #: _____

Rated Efficiency (EER): _____ Size or Capacity (Btu/hr output): _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

2008 ELECTRIC REBATES

Central Air Conditioners, Geothermal Heat Pumps, Air Source Heat Pumps, Furnace Fan Motors, and Custom

CENTRAL AIR CONDITIONERS

MINIMUM EFFICIENCY REQUIREMENTS: SEER greater than or equal to 14.0; ARI listed

(ARI=Air Conditioning & Refrigeration Institute)

REBATE: \$200 (SEER greater than or equal to 14.0) Each additional full point SEER = \$75

(SEER=Seasonal Energy Efficiency Rating) (www.aridirectory.org)

Condenser Model #: _____ Manufacturer's Name: _____

ARI Reference # (required): _____

A-coil Model #: _____ Manufacturer's Name: _____

Rated Efficiency (SEER by ARI): _____ Size or Capacity (Btu/hr output): _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY
Rebate Total: \$ _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

GEOTHERMAL HEAT PUMPS

MINIMUM EFFICIENCY REQUIREMENTS: EER greater than or equal to 14.1; Water-to-Air Heat Pumps must also be ARI Listed and a 2-stage unit

REBATE: \$200 per Ton + \$150 per EER over 14.1 + \$250 per desuperheater

(EER=Energy Efficiency Rating) (www.aridirectory.org)

Water-to-Air Heat Pump

Water-to-Air Heat Pump: The efficiency ratings are determined using the Air Conditioning and Refrigeration Institute's (ARI) directory, which may be found at www.aridirectory.org.

Manufacturer's Name: _____

Model #: _____

Rated Efficiency (1st Stage EER by ARI): _____

ARI Reference # (required): _____

Desuperheater?: Yes No

Size or Capacity (Tons): _____

Number of Units Installed: _____

Date of Installation: _____

Total Cost of Project: (materials, labor, etc.) \$ _____

Loop Type: Horizontal Vertical Slinky

Water Heating: Electric Gas Size of Water Heater in Gallons: _____

Supplemental Heat Installed: No Yes: kW _____

Why was this purchased?

To replace a: failed unit non-failed unit new – no previous unit

Water-to-Water Heat Pump

Water-to-Water Heat Pump: The efficiency ratings are verified using manufacturer specifications, which clearly demonstrate the Entering Water Temperature (EWT), Gallons Per Minute (GPM) water flow, and the associated EER rating.

Manufacturer's Name: _____

Model #: _____

Rated Efficiency (EER): _____

Entering Water Temp: _____ Gallons Per Minute: _____

Desuperheater?: Yes No

Size or Capacity (Tons): _____

Number of Units Installed: _____

Date of Installation: _____

Total Cost of Project: (materials, labor, etc.) \$ _____

Loop Type: Horizontal Vertical Slinky

Water Heating: Electric Gas Size of Water Heater in Gallons: _____

Supplemental Heat Installed: No Yes: kW _____

Why was this purchased?

To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ kWh _____ kW

(For additional units, please list and attach separate sheet.)

2008 ELECTRIC REBATES continued...

AIR SOURCE HEAT PUMPS

MINIMUM EFFICIENCY REQUIREMENTS: SEER greater than or equal to 14.0 and HSPF greater than or equal to 8.2 for Split Systems
SEER greater than or equal to 14.0 and HSPF greater than or equal to 8.0 for Packaged Units

REBATE: \$200 (SEER greater than or equal to 14.0)
Each additional full point SEER = \$75

(SEER=Seasonal Energy Efficiency Rating) (www.aridirectory.org)
(ARI=Air Conditioning & Refrigeration Institute) (HSPF=Heating Seasonal Performance Factor)

Manufacturer's Name: _____ Model #: _____ Split System -OR- Packaged Unit

ARI Reference # (required): _____ Rated Efficiency (SEER by ARI): _____ Number of Units Installed: _____

HSPF: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

FURNACE FAN MOTORS Variable Speed Drive (VSD) / Electronically Commutated Motor (ECM)

(NEW FURNACE INSTALLATIONS ONLY)

MINIMUM EFFICIENCY REQUIREMENTS: 92% AFUE Furnace; GAMA Eae** less than or equal to 350 kWh/yr

(GAMA=Gas Appliance Manufacturers Association)

REBATE: \$50

(AFUE=Annual Fuel Usage Efficiency; Eae=Energy annual efficiency) (www.gamanet.org)

Manufacturer's Name: _____ Model #: _____

GAMA ID # (required): _____ Rated Efficiency (GAMA Eae): _____ Rated Efficiency (GAMA AFUE): _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

CUSTOM ELECTRIC PROGRAM

MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing

NOTE: May require up to 10 weeks or more to process rebate

Description of Improvements: _____

Calculated Annual Electric Energy Savings: _____ Calculated Reimbursement: \$ _____

Date of Installation: _____

OFFICE USE ONLY

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

Rebate Total: \$ _____

Savings: _____ kWh _____ kW

Must have greater than 1 year, and less than a 6 year payback.

Fuel switching technologies are excluded on retrofits.

Attach third party testing documentation with necessary information for calculating savings.

2008 NATURAL GAS REBATES

NOT AVAILABLE IN ROCHESTER For Natural Gas Rebates in Rochester, visit www.minnesotaenergyresources.com.

BOILERS

MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85%

REBATE: AFUE greater than or equal to 85% = \$100; greater than or equal to 90% = \$200; greater than or equal to 95% = \$300; Boilers with indirect fire water heater = \$100 additional

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) (www.gamanet.org)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (GAMA AFUE): _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

FURNACES – NEW CONSTRUCTION

MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 94%

REBATE: \$100

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) (www.gamanet.org)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (GAMA AFUE): _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

FURNACES – RETROFIT

MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 92%

REBATE: AFUE of 92% = \$100; AFUE greater than or equal to 94% = \$200

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) (www.gamanet.org)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (GAMA AFUE): _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

INSTANTANEOUS (TANKLESS) WATER HEATERS

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.8; BTU Input greater than or equal to 175,000

REBATE: \$200

(GAMA=Gas Appliance Manufacturers Association)

(EF=Energy Factor) (www.gamanet.org)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr input): _____ Rated Efficiency (GAMA EF): _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

PROGRAMMABLE THERMOSTATS

Rebate cannot exceed the cost of the thermostat.

REBATE: \$25

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ _____

2008 NATURAL GAS REBATES continued...

NOT AVAILABLE IN ROCHESTER For Natural Gas Rebates in Rochester, visit www.minnesotaenergyresources.com.

TANK WATER HEATERS – RETROFIT

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.63

REBATE: \$75

(GAMA=Gas Appliance Manufacturers Association)
(EF=Energy Factor) (www.gamanet.org)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Storage Gallons: _____ Rated Efficiency (GAMA EF): _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace a: failed unit non-failed unit new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

CUSTOM NATURAL GAS PROGRAM

NOTE: May require up to 10 weeks or more to process rebate

MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing.

Description of Improvements: _____

Calculated Annual Gas Energy Savings: _____ Calculated Reimbursement \$ _____

Date of Installation: _____

Must have greater than 1 year, and less than a 6 year payback.

Fuel switching technologies are excluded on retrofits.

Attach third party testing documentation with necessary information for calculating savings.

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

2008 BUILDING SHELL REBATES

(Not available for unconditioned areas, i.e., garages and unheated sun porches.)

NOT AVAILABLE IN ROCHESTER

ATTIC INSULATION (Retrofit only)

MINIMUM EFFICIENCY REQUIREMENTS: Ending R value must be 38 or greater.

REBATE: see chart

Description of Insulation Improvements: _____

Manufacturer's Name: _____

My furnace is: New Old Furnace's Approximate Efficiency % _____

I/Contractor certifies that _____ inches of _____ (type) attic insulation

for a **total added R-value** of _____ over the **existing R-value** of _____ for a

total combined R-value of _____ covering _____ square feet was installed.

Initial R-Value	Rebate per Sq. Ft.
0 – 5	\$0.08
6 – 11	\$0.07
12 – 19	\$0.06
20+	\$0.05

Contractor (Owner if Self-Installed) Signature: _____

Date of Installation: _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf



When purchasing any type of electric or gas equipment, look for the ENERGY STAR® logo!