

Algona Municipal Utilities  
 104 W. Call P.O. Box 10  
 Algona, Iowa 50511  
 Phone: (515) 295-3584

**APPLIANCE REBATE APPLICATION**

**Note:** An original sales receipt indicating date of purchase, dealer's name and address, and quantity purchased must accompany this application. Rebates may be limited by Algona Municipal Utilities.

Applicant Name (How Check Is To Be Issued):	Dealer Name and Address:
Applicant Address:	Applicant Telephone (Home):
Appliance Location Address (if different):	Applicant Telephone (Work):
Date Purchased:	Date Installed:
<b>Home Square Footage:</b>	Ratings should be listed in the correct rating for equipment ( <b>COP, HSPF, EER, SEER, EF</b> )

New Appliance	Brand	Model Number	Serial Number	Rating	Quantity	Equipment Tons

Old Appliance (Replaced)	Brand	Model Number	Serial Number	Rating	Quantity	Equipment Tons

**Customer Certification and Agreement**

The system(s) at the above address has been selected and installed in accordance with guidelines established for the utility appliance rebate program. The customer understands that prior to the issuance of any payment; the equipment may be inspected and approved by the utility. The customer shall observe and comply with all ordinances, laws, and requirements of all units of government and governmental agencies having jurisdiction over the work to be performed. The utility does not guarantee that the equipment funded under this program will result in energy savings. In no event shall the utility be liable for any incidental or consequential damages.

Customer's Signature      Date	Utility Representative      Date
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For Utility Use Only

Date Application Received: _____	By: _____
Date Application Verified: _____	By: _____
Date Rebate Issued: _____	By: _____