

AFTON MUNICIPAL UTILITIES

2024 Residential Electric Heating and Cooling Rebate Request

CUSTOMER INFORMATION (Please Print):

Name of Homeowner _____ Phone _____ Installation Date _____

Installation Address _____ City _____ State/Zip _____

Email Address (Optional) _____ Building Type: _____ Single Family
_____ Existing _____ New Construction _____ Multi-Family # _____ Units

RETAILER/SAVE CERTIFIED TECHNICIAN INFORMATION:

Name of Installing SAVE Certified Technician _____ Mailing Address _____ City/State/Zip _____

Phone _____ Email Address (optional) _____

*****Rebates subject to availability of funds*****

_____ Electric Heat Pump Water Heater (Energy Star 55 Gallon and Smaller Qualified Self-Contained Units Only)
ENERGY STAR Efficiency Criteria (EF) ≥ 2.0 —\$100.00
_____ High Efficiency Central AC, SEER 16 — \$100.00
_____ High Efficiency Central AC, SEER 18—\$200.00
**High Efficiency Central AC--Installation of both the evaporator and condenser coil is required.
_____ Air Source Heat Pump 15 SEER, 8.5 HSPF—\$200.00
_____ Air Source Heat Pump 18.0 SEER, 9.5 HSPF—\$400.00
**Air Source Heat Pumps—Electricity must be the primary heating source in customer's new or existing home. Replacement of both the evaporator and condenser coil is required.
_____ Tune-Up for Residential Central AC or Air-Source Heat Pump--\$30.00
**Air Source Heat Pump--Electricity must be primary heating source.
(Please see page 2 for Contractor verification of all things required for a Tune-Up)

Make of unit _____ Condenser Model _____

Serial No. _____ Size/Gallons _____

Coil Model No. _____ SEER Rating _____

HSPF Rating _____ Energy Factor (EF) _____

PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS:

- 1.) AHRI Certificate of Product Ratings for equipment installed. (This document can be provided by your contractor.)
- 2.) Invoice clearly showing proof of purchase including model numbers, date of installation, installation address and total project cost.

I certify that between January 1 and December 31 of current year, I purchased the equipment described on this rebate form and that it has been installed by a SAVE certified technician at the service address indicated. All statements made in this request are correct. If I qualify/ am eligible for any rebates I would like my rebate:

(Please mark one of the following)

☐ Mail a check for the referenced rebate.

☐ Apply the referenced rebate as a credit to my account #_____.

Customer Signature

Date

TUNE-UP VERIFICATION:

CONTRACTOR INFORMATION:

Name of Professional Heating & Cooling Contractor

Phone

Contractor Mailing Address

City/State/Zip

Contractor Email

Date Performed

Equipment Brand

Model Number (Condenser)

Serial Number (Condenser)

I certify that I have completed ALL of the following:

- **Cleaned condenser coil**
- **Checked Refrigerant Charge**
- **Checked belts if applicable**
- **Inspected fins**
- **Lubricated fan motors if OEM recommended**
- **Cleaned Drains**
- **Tested all controls**
- **Visually inspected entire system**
- **Discussed proper system operation with customer**

Contractor Signature

Date of Signature

The above customer is approved for a \$_____ rebate.

Approved By

Date