

AFTON MUNICIPAL UTILITIES

2025 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