

## REBATE FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Installed Address: \_\_\_\_\_

Appliance Type ~ Select appliance type and complete additional information  
**ALL rebates must be accompanied with a receipt & checked by a City Representative**

**\*\*ALL rebate applications must be accompanied with proof of Energy Star rating\*\***

\_\_\_\_\_ Water Heater Blanket, \$10.00

\_\_\_\_\_ Residential Air Conditioner, \$100.00 (At least 14.5 SEERS rating)

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Heating System, \$100.00 (Must have an AFUE of 90% or higher)

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Refrigerator, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Freezer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Clothes Washer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Clothes Dryer, \$50.00

Brand \_\_\_\_\_ Model \_\_\_\_\_  
Serial Number: \_\_\_\_\_

\_\_\_\_\_ Residential Energy Star Qualifying Dishwasher, \$50.00  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

\_\_\_\_\_ Commercial Heating System, \$100.00 (Must have an AFUE of 90% or higher)  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

\_\_\_\_\_ Commercial Air Conditioner, \$100.00 (At least 14.5 SEERS rating)  
 Brand \_\_\_\_\_ Model \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

**Please attach sales receipt or a copy of the receipt for the City Representative to check**

I certify that the information supplied in this application is correct and that incentives will not be paid until I have complied with all program requirements.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A City representative will review and inspect all applications.**

**If you have any questions, please contact the City of Bloomfield, at 641-664-2260, between the hours of 7:00 a.m. and 4:00 p.m.**

**A check will be mailed to the applicant upon approval.**

\_\_\_\_\_  
**Approved** \_\_\_\_\_  
**Amount**

\_\_\_\_\_  
**Date** \_\_\_\_\_ \_\_\_\_\_  
**Check No.** \_\_\_\_\_  
**Check Date**