



General Rebate Info & Consumer Database Survey

To be filled out in conjunction with specific product rebate form.

Mail to: 702 South 1st Street - Estherville, IA 51334

More info: 800-225-4532 - www.ilec.coop

****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name:
(if applicable) _____

Address: _____

City: _____ State: ____ Zip: _____

Home phone: _____ - _____ - _____

Cell phone: _____ - _____ - _____

E-mail: _____

Account # _____

Location # _____

Rebate unit installed at (location): Same as above Or other:

Name/business: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ - _____ - _____

Rebate Unit Installation Information

1. Rebate equipment installed in:

- Single family residence Farm outbuilding
 Multi-family unit: apt/condo/duplex/etc. Business

2. Building size (conditioned square feet):

- Less than 1,000 1,500 - 1,999 2,500 - 2,999
 1,000 - 1,499 2,000 - 2,499 More than 3,000

3. Building age (year of construction):

- Before 1960 1980 - 1989 2000 - 2004
 1960 - 1969 1990 - 1994 2005 - 2009
 1970 - 1979 1995 - 1999 After 2009

4. Building ownership: Owned Leased

5. Do you have an active farming operation served by the REC?

- Yes No

6. Rebate unit installed in: New construction Existing structure

7. Date unit installed (m/d/y): _____ - _____ - _____

8. Installer (if applicable) or purchased from:

Business name: _____

City: _____ State: ____ Zip: _____

Contact name: _____

Phone: _____ - _____ - _____

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- BUT GRU ILEC-CB MID-CB PRA
 CAL HUM ILEC-NIP MID-CIP RVEC
 FRA

All installations total rebate amount: \$ _____ . _____

- Form 7 category: Residential Small C&I
 Residential seasonal Large C&I

Rebate Information Sources

9. How did you first learn about the availability of this rebate?

- Dealer Newspaper Co-op newsletter
 Builder/contractor Radio Brochure/direct mail
 Co-op employee TV Co-op email
 Friend/relative Co-op website Other _____

10. When you decided to purchase this unit or participate in this program, what were your most important sources of information? (all that apply)

- Dealer Newspaper Co-op newsletter
 Builder/contractor Radio Brochure/direct mail
 Co-op employee TV Co-op email
 Friend/relative Co-op website Other _____

11. What were the most important factors influencing your purchase or program participation decision? (all that apply)

- Co-op rebate Higher efficiency new unit
 Safety of the new unit Previous unit quit working
 Wanted new color/style Other _____

12. Would you have purchased this unit or participated in this program without the co-op rebate?

- Not at all likely 1 2 3 4 5 Very likely

Member Demographics

13. How long have you received electric service from your REC?

- <1 year 4 - 5 years 11 - 20 years >30 years
 1 - 3 years 6 - 10 years 21 - 30 years

14. What is the age of the primary account holder?

- Under 25 35 - 44 55 - 64 75+
 25 - 34 45 - 54 65 - 74

15. How many people live in the household?

- 1 2 3 4 5+

16. What are the primary sources of income for the household?

- Farming Professional Social Security
 Factory/Industrial Pension Agriculture Business
 Service Industry Office/Sales Other _____

17. What is the highest level of education completed?

- Less than high school diploma Some college
 High school graduate/GED College graduate
 Vocational/trade training Graduate or professional school

Please also complete form for specific rebate unit.

27360





Heat Recovery & Energy Recovery Ventilators Rebate

Program Criteria

\$125 rebate per unit. Whole house system for new or existing home.

****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name:
(if applicable) _____

Location # _____

Zip code: _____

Equipment Rebate

1. New recovery ventilator unit type:

- Heat Recovery Ventilator (HRV)
- Energy Recovery Ventilator (ERV)

2. Equipment information specifications:

Note: refer to your sales representative or installer for this information.

a. Make: _____

b. Model: _____

c. Serial number: _____

d. Size: _____

e. Energy Transfer Efficiency (at 32 °F): _____ %

f. Maximum Capacity (cubic feet/minute): _____ CFM

3. Replacement information:

- New installation (nothing replaced)
- Old unit replaced

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a. Cooperative:

- BUT GRU ILEC-CB MID-CB PRA
- CAL HUM ILEC-NIP MID-CIP RVEC
- FRA

b. Total HRV/ERV Rebate Amount: \$ _____

Your Energy Use

4. Primary heating system unit type:

- Geothermal heat pump
- Air source heat pump
- Electric central furnace
- Natural gas furnace/heater(s)
- Propane furnace/heater(s)
- Fuel oil furnace/heater
- Wood/corn heater or fireplace
- Zoned electric heat (ceiling, cove, baseboard)
- Other _____

5. Primary cooling system unit type:

- Geothermal heat pump
- Air source heat pump
- Central air
- Window unit(s)
- None

6. Water heater type:

- Electric Natural gas Propane Other

7. Any additional comments:

Dated copy of itemized sales receipt must be included

Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member signature _____

Date / /

