



# Thermostat/Timer Rebate Application

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Thermostat rebates are available for smart or programmable thermostats that control electric heating or cooling appliances. It must be installed in a home on Park Electric lines. All thermostat rebates will be sent guidelines for optimal settings and are requested to follow the settings.

Qualifying timers include ones that control electric water heaters, large heating loads such as engine block heaters, heat tape or other large loads. Park Electric reserves the right to make a determination based on the load the timer is being used for.

These devices may include analog, digital or smart devices. **Timers and/or thermostats for propane or gas appliances do not qualify.** Park Electric asks that members program all devices to avoid usage during peak hours which happen from 6-9 am and 5-8:30 pm, but this programming is not required. To apply for the rebate, this application must be turned into the office within 60 days of purchase with proof of purchase.

Timer/Thermostat is controlling the following: \_\_\_\_\_

Home Type: \_\_\_\_\_ Heating System: \_\_\_\_\_

Is your thermostat:  smart or wifi/network capable  programmable

Number of units installed: \_\_\_\_\_ Type of units installed: \_\_\_\_\_

(Account will be credited 50% of the value up to \$75/unit. Limit 2 per household. Please indicate type and manufacturer of unit)

## ACKNOWLEDGMENT

*By signing this, you certify that the thermostat/timer was installed in Park Electric's service territory at the address listed above and it shall remain at the service location for the life of the unit. You also certify that the unit(s) are controlling electric supplied appliances.*

*I hereby grant Park Electric Cooperative or its agents the right to inspect the unit(s). I acknowledge that Park Electric is in no way responsible for the replacement or repair of the unit(s).*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about this program?  Newsletter  PEC Website  Social Media

Friends/Family  Local Organization  Contractor  Retailer  Other \_\_\_\_\_

*Please select all that apply.*

FOR OFFICE USE: Number of units: \_\_\_\_\_ Total Account credit: \_\_\_\_\_ Date: \_\_\_\_\_