

## ENERGY STAR REFRIGERATOR/ FREEZER REBATE

Account Number:

City, State, Zip:

## MEMBER INFORMATION

Physical Address:

Name:

Email:	Phone:
Purchase and install a qualifying Energ purchase, submit this rebate form to P of the sales receipt.	gy Star refrigerator or freezer. After ark Electric within 60 days with a copy
APPLIANCE IN	FORMATION
Qualifying ENERGY STAR Refriger Refrigerator Manufacturer:	rator - \$75 rebate Model #:
Replacement information Refrigerator Manufacturer:	Model #:
Qualifying ENERGY STAR Freezer	¢50 robato
Freezer Manufacturer:	Model #:
Replacement Information Freezer Manufacturer:	Model #:
ACKNOWLEDGMENT	

I certify that the appliance(s) listed above were purchased for installation at the above address. I agree to allow a representative of Park Electric Cooperative to verify the installation of the

the maintenance, upkeep or replacement of the appliance(s).

Member Signature:

OFFICE USE Number of units:\_\_\_\_

appliance(s) in the home if necessary. I acknowledge that Park Electric is in no way responsible for

Total Account Credit:\_\_\_

Date:

Date:\_