

Cascade Municipal Utilities

PO Box 400; 320 1st Ave W

563-852-3614

Rebate Application

An original sales receipt indicating date of purchase, dealer or contractor name and address, quantity purchased & energy star information (if applicable) must accompany this application.

Applicant Name:	Account Number:
Street Address:	Phone Number:
Mailing Address:	Retailer/Contractor:
Date Purchased:	Date Installed:

Appliance or Product	Brand	Model Number	Efficiency Level	Quantity	Price

Customer Certification & Agreement: The product(s) at the above address have been selected & installed in accordance with guidelines established for the utility rebate program. The customer understands that prior the issuance of any payment, the product may be inspected and approved by the utility. The customer shall observe and comply with all ordinances, laws and requirements of all units of government and governmental agencies having jurisdiction over the work to be performed. The utility does not guarantee that the equipment funded under this program will result in energy savings. In no event shall the utility be liable for any incidental or consequential damages.

 Customer Signature & Date

 Utility Representative & Date

For Utility Use Only

Date Application Received: _____ by _____

Date Application Approved: _____ by _____

530-3552-649 \$ _____

540-3552-649 \$ _____

Total \$ _____

Notes: