

Water Heaters 2024 Energy Efficiency Incentive Form

ELIGIBILITY CRITERIA

- » New equipment must be installed on cooperative's lines.
- » Incentive not to exceed the equipment cost.
- » Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- » Required documentation must be submitted within 3 months of install date.
- » Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- » Required documentation listed below must be submitted no later than 3 months after install date.
 - This incentive form
 - » A copy of your receipt or invoice for each item with purchase price(s) circled
 - » Documentation showing the equipment has been installed

Submit required documentation to: rebates@riverlandenergy.com or mail to P.O. Box 277, Arcadia, WI 54612

MEMBER INFORMATION (Please fill out entire section)								
Member Name:				Account:				
Address:				Phone:				
City:	State: Zip:		E-mail: *will only u	use to contact you regarding this rebate if necessary				
Date:	Member Sigr	1ember Signature:						
Incentive for: Residential Farm Commercial Industrial Institution/Government Other:								
INCENTIVE INFORMATION (Please fill in gray shaded boxes for requested) incentives)								
Equipment	Specifications			Quantity	Incentive	Total Quantity X Incentive		
Residential High Efficiency Water Heater	75-99 gallons Uniform Energy Factor ≥ .88 Must be controlled by Cooperative's load control program					\$150		
Residential High Efficiency Water Heater	Uniform Ene	100+ gallons Uniform Energy Factor ≥ .88 Must be controlled by Cooperative's load control program				\$300		
Commercial Water Heater	"	75-99 gallons Must be controlled by Cooperative's load control program				\$150		
Commercial Water Heater	100+ gallons Must be cor	s ntrolled by Coopera	ative's load co	ontrol program		\$300		
Heat Pump Water Heater		Integrated (all-in-one) units Uniform Energy Factor ≥ 2.00				\$300		
Total Incentive Amount Requested:								

OFFICE USE ONLY						
☐ Approved	☐ Not Approved- Reason:	Total Incentive Issued:				
Cooperative Represer	ntative:	Date:				