



# RESIDENTIAL ENERGY STAR APPLIANCE REBATE APPLICATION



**All rebates must be received within 90 days of purchase  
2022 REBATES**

<p><b><u>TO RECEIVE A REBATE:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Complete this rebate form</b></li> <li>2. <b>Send a copy of original sales receipt and/or invoice for each appliance</b></li> <li>3. <b>Send a copy of energy guide label containing ENERGY STAR® Symbol or denotation</b></li> </ol>	<p><b><u>MAIL TO:</u></b> Brainerd Public Utilities ATTN: Rebate Program P O Box 373 Brainerd MN 56401</p>	<p><b><u>E-MAIL TO:</u></b> Rebates@bpu.org</p>
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Customer Information (Please Print)				
Name of Homeowner	Phone	Installation Date	County	
Installation Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
E-Mail Address	Account Number			

Retailer/Contractor/Installer Information				
Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature		
<p>I hereby certify that</p> <ul style="list-style-type: none"> <li>• The information contained in this application is accurate and complete</li> <li>• All installation is complete, and the unit(s) is operational prior to submitting application.</li> <li>• All rules of this rebate program have been followed</li> </ul> <p>I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release BPU from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.</p> <p>BPU reserves the right to reject any rebate application submitted as a result of work performed by a contractor who has failed to adhere to the terms and conditions established for the rebate program.</p> <p>Please sign and complete all information below.</p>		
Homeowner Signature	Print Name	Date

BPU Use Only				
Date Received	Rebate Approved Yes    No	Amount	Date Approved	Check No.
BPU Representative			ACCOUNT NO:	

## APPLIANCES THAT QUALIFY FOR REBATES

### ELECTRIC CLOTHES DRYER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: \_\_\_\_\_

Type (choose one of each):

Compact **OR** Standard Vented **OR** Ventless

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

### CLOTHES WASHER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: \_\_\_\_\_ Building Type: Single Family **OR** Multi Family

Type (pick one): Front Load **OR** Top Load Capacity (cubic feet): \_\_\_\_\_

Drying Energy Source (pick one): Gas **OR** Electric **OR** Unknown

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

### DEHUMIDIFIER (must be ENERGY STAR® certified AND UEF greater than 2)

REBATE: \$20/unit

Quantity: \_\_\_\_\_ Capacity (Pints / day): \_\_\_\_\_

New Unit Energy Factor (UEF): \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

### DISHWASHER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: \_\_\_\_\_ Type (pick one): Compact **OR** Standard

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

### FREEZER (must be ENERGY STAR® certified)

REBATE: \$35/unit

Quantity: \_\_\_\_\_ Defrost Type: Manual **OR** Auto Freezer

Type: Compact Chest **OR** Compact Upright **OR** Upright

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**REFRIGERATOR (must be ENERGY STAR® approved)****REBATE: \$35/unit**Quantity: \_\_\_\_\_ Compact Style: Yes **OR** NoThrough the Door Ice: Yes **OR** No Defrost Type: Manual **OR** Auto **OR** Partial Auto**Choose One of the Following Configurations:**

Refrigerator-Freezer or Refrigerator Only

Top Mounted Freezer

Side by Side

Bottom Mounted Freezer

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**AIR CONDITIONER ROOM UNIT/WINDOW AC (must be ENERGY STAR® approved)****REBATE: \$35/unit**

Quantity: \_\_\_\_\_ Capacity: (BTU/hour, 1 Ton = 12,000 BTU/hour): \_\_\_\_\_

CEER Rating: \_\_\_\_\_

**Features** (circle all that apply):Reverse Cycle: Yes **OR** No Louvered: Yes **OR** NoStyle: Sleeve **OR** Window

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Date of Installation: \_\_\_\_\_