

# CONSERVE & \$SAVE<sup>®</sup>

## COMMERCIAL FOOD SERVICE EQUIPMENT REBATE APPLICATION

### 1. CUSTOMER INFORMATION (please print)

Account Name \_\_\_\_\_ Doing Business As (if different from Account Name) \_\_\_\_\_

Installation Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) (rebate check will be mailed here) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Send us a rebate check.  Apply rebate to our account.

**Type of Business:**  Church  Government  Grocery  Health  Industrial  Lodging  
 Multi-family  Office  Restaurant  Retail  School  Other \_\_\_\_\_

**How did you hear about CONSERVE & SAVE<sup>®</sup>?**  Billboard  Chamber of Commerce  Contractor  Newspaper  Radio  
 Retailer/Vendor  TV  Utility Mailing  Utility Newsletter  Utility Representative  Utility Web Site  Other \_\_\_\_\_

### 2. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

**ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.**

Contact Name (rebate check will be mailed to contact) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

I certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if you DO NOT give us permission to use your business name in advertising our CONSERVE & SAVE<sup>®</sup> programs.

### 3. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

#### TEAMING UP TO SAVE YOU MONEY



**OFFICE USE ONLY** Date Received \_\_\_\_\_

Pre-Inspected?  YES  NO Date \_\_\_\_\_ Initials \_\_\_\_\_

Post-Inspected?  YES  NO Date \_\_\_\_\_ Initials \_\_\_\_\_

TOTAL REBATE AMOUNT \$ \_\_\_\_\_

**1. REBATE INFORMATION – DISHWASHERS**

AU, OPU, and RPU electric customers: To qualify for the electric rebate, your building water heater and/or the booster water heater (if applicable) must be electric. AU and OPU gas customers: To qualify for the gas rebate, your building water heater and the booster water heater (if applicable) must **both** be fueled by natural gas.

Equipment Type:		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> GAS		NEW EQUIPMENT						REBATE	
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Dishwasher Type* (check one)	Sanitation Method* (check one)	Building Water Heater (check one)	Booster Water Heater (check one)	Idle Energy Rate* (kW)	Rated Water Consumption* (Gal. per Rack)	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Undercounter <input type="checkbox"/> Single Tank Door <input type="checkbox"/> Single Tank Conveyor <input type="checkbox"/> Multiple Tank Conveyor	<input type="checkbox"/> Low Temp <input type="checkbox"/> High Temp <input type="checkbox"/> High & Low Temp	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas		\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Undercounter <input type="checkbox"/> Single Tank Door <input type="checkbox"/> Single Tank Conveyor <input type="checkbox"/> Multiple Tank Conveyor	<input type="checkbox"/> Low Temp <input type="checkbox"/> High Temp <input type="checkbox"/> High & Low Temp	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas		\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Undercounter <input type="checkbox"/> Single Tank Door <input type="checkbox"/> Single Tank Conveyor <input type="checkbox"/> Multiple Tank Conveyor	<input type="checkbox"/> Low Temp <input type="checkbox"/> High Temp <input type="checkbox"/> High & Low Temp	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Electric <input type="checkbox"/> Gas		\$	\$	\$

**2. REBATE INFORMATION – FRYERS (For Infrared Fryers see Item #5)**

Equipment Type:		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> GAS		NEW EQUIPMENT						REBATE	
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Vat Size* (check one)	Efficiency* (%)	Food Cooked Per Day (lbs.)	Run Hours Per Day	Days of Operation/Year	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)	
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Single-Rack <input type="checkbox"/> Double-Rack					\$	\$	\$	
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Single-Rack <input type="checkbox"/> Double-Rack					\$	\$	\$	
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit					<input type="checkbox"/> Single-Rack <input type="checkbox"/> Double-Rack					\$	\$	\$	

**3. REBATE INFORMATION – GRIDDLES**

Equipment Type:		<input type="checkbox"/> ELECTRIC		<input type="checkbox"/> GAS		NEW EQUIPMENT						REBATE	
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Efficiency* (%)	Food Cooked Per Day (lbs.)	Run Hours Per Day	Days of Operation/Year	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)		
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit									\$	\$	\$		
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit									\$	\$	\$		
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit									\$	\$	\$		

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.

NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

**SUBTOTAL REBATE AMOUNT**

(add Sections 1 – 3)

**\$**

**4. REBATE INFORMATION – ICE MAKERS**

Equipment Type: (ELECTRIC ONLY)			NEW EQUIPMENT				REBATE			
Project Type <i>(check one)</i>	Code*	Qty.	Manufacturer Name*	Model Number*	Harvest Rate* <i>(lbs/day)</i>	Energy Use Rate* <i>(kWh/100 lbs)</i>	CEE Tier* <i>(ENERGY STAR/ II or III)</i>	Equipment Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit								\$	\$	\$
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit								\$	\$	\$

**5. REBATE INFORMATION – INFRARED EQUIPMENT:  
CHARBROILERS, FRYERS, ROTISSERIE OVENS, UPRIGHT BROILERS, SALAMANDER BROILERS**

Equipment Type: (GAS ONLY)			NEW EQUIPMENT				REBATE			
Project Type <i>(check one)</i>	Equipment Type	Code*	Qty.	Manufacturer Name*	Model Number*	Serial Number	Btuh per Unit	Equipment Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$
<input type="checkbox"/> Retrofit	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$
<input type="checkbox"/> New Installation	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$
<input type="checkbox"/> Retrofit	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$
<input type="checkbox"/> New Installation	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$
<input type="checkbox"/> Retrofit	<input type="checkbox"/> Charbroiler <input type="checkbox"/> Fryer <input type="checkbox"/> Rotisserie Oven <input type="checkbox"/> Upright Broiler <input type="checkbox"/> Salamander Broiler							\$	\$	\$

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.

NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

**\$**

**SUBTOTAL REBATE AMOUNT**  
(add Sections 4 – 5)

**6. REBATE INFORMATION – INSULATED HOLDING CABINETS**

Equipment Type: (ELECTRIC ONLY)			NEW EQUIPMENT				REBATE			
Project Type <i>(check one)</i>	Code*	Qty.	Manufacturer Name*	Model Number**	Internal Volume* (ft <sup>3</sup> )	Energy Usage* (watts)	Annual Run Hours**	Equipment Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										

**7. REBATE INFORMATION – LOW-FLOW PRE-RINSE SPRAY VALVES**

Water Heater Type: <input type="checkbox"/> ELECTRIC <sup>A</sup> <input type="checkbox"/> GAS			NEW EQUIPMENT				REBATE	
Project Type <i>(check one)</i>	Code*	Qty.	Manufacturer Name*	Model Number**	Test Flow Rate* (gpm)	Installed Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								

**8. REBATE INFORMATION – OVENS: COMBINATION & CONVECTION**

Equipment Type: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS			NEW EQUIPMENT				REBATE				
Project Type <i>(check one)</i>	Code*	Qty.	Manufacturer Name*	Model Number**	Efficiency* (%)	Food Cooked Per Day (lbs.)	Run Hours Per Day	Days of Operation/Year	Equipment Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation									\$	\$	\$
<input type="checkbox"/> Retrofit											
<input type="checkbox"/> New Installation									\$	\$	\$
<input type="checkbox"/> Retrofit											
<input type="checkbox"/> New Installation									\$	\$	\$
<input type="checkbox"/> Retrofit											

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.

\*\*Annual Run Hours = Run Hours Per Day X Days of Operation Per Year

<sup>A</sup>Must be an Electric Water Heater to qualify for a rebate from RPU.

NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

**SUBTOTAL REBATE AMOUNT**  
(add Sections 6 – 8)

**\$**

**9. REBATE INFORMATION – OVENS: CONVEYOR**

Equipment Type: (GAS ONLY)		NEW EQUIPMENT				REBATE				
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Serial Number	Efficiency* (%)	Idle Rate (Btuh)	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										
<input type="checkbox"/> New Installation								\$	\$	\$
<input type="checkbox"/> Retrofit										

**10. REBATE INFORMATION – OVENS: RACK**

Equipment Type: (GAS ONLY)		NEW EQUIPMENT						REBATE				
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Capacity* (check one)	Efficiency* (%)	Food Cooked Per Day (lbs.)	Run Hours Per Day	Days of Operation/Year	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation					<input type="checkbox"/> Single-Rack					\$	\$	\$
<input type="checkbox"/> Retrofit					<input type="checkbox"/> Double-Rack							
<input type="checkbox"/> New Installation					<input type="checkbox"/> Single-Rack					\$	\$	\$
<input type="checkbox"/> Retrofit					<input type="checkbox"/> Double-Rack							
<input type="checkbox"/> New Installation					<input type="checkbox"/> Single-Rack					\$	\$	\$
<input type="checkbox"/> Retrofit					<input type="checkbox"/> Double-Rack							

**11. REBATE INFORMATION – PASTA COOKERS**

Equipment Type: (GAS ONLY)		NEW EQUIPMENT				REBATE		
Project Type (check one)	Code*	Qty.	Manufacturer Name*	Model Number*	Serial Number	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								
<input type="checkbox"/> New Installation						\$	\$	\$
<input type="checkbox"/> Retrofit								

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.

NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

**\$**

**SUBTOTAL REBATE AMOUNT**  
(add Sections 9 – 11)

**12. REBATE INFORMATION – REFRIGERATORS AND FREEZERS: GLASS AND MIXED DOOR**

Equipment Type: (ELECTRIC ONLY)			NEW EQUIPMENT			REBATE			
Project Type (check one)	Code*	Qty.	Type of Unit (check one)	Manufacturer Name*	Model Number*	Total Internal Volume (ft³)	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$

**13. REBATE INFORMATION – REFRIGERATORS AND FREEZERS: SOLID DOOR**

Equipment Type: (ELECTRIC ONLY)			NEW EQUIPMENT			REBATE			
Project Type (check one)	Code*	Qty.	Type of Unit (check one)	Manufacturer Name*	Model Number*	Total Internal Volume (ft³)	Equipment Cost	Rebate Per Unit*	Total Rebate (Qty X Rebate Per Unit)
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit			<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator-Freezer				\$	\$	\$

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.  
 \*\*Annual Run Hours = Run Hours Per Day X Days of Operation Per Year  
 NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

**\$**

**SUBTOTAL REBATE AMOUNT**  
(add Sections 12 – 13)

**14. REBATE INFORMATION – STEAM COOKERS**

Equipment Type: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS		NEW EQUIPMENT				REBATE			
Project Type <i>(check one)</i>	Code*	Qty.	Manufacturer Name*	Model Number*	Efficiency* (%)	Annual Run Hours**	Equipment Cost	Rebate Per Unit*	Total Rebate <i>(Qty X Rebate Per Unit)</i>
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							\$	\$	\$
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							\$	\$	\$

**15. REBATE INFORMATION – VENTILATION HOOD CONTROLLERS**

Rebate requests for Ventilation Hood Controllers must include a copy of the savings analysis from the manufacturer or contractor.

Equipment Type: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ELECTRIC & GAS		NEW EQUIPMENT				REBATES		
Project Type	Code*	Qty.	Manufacturer Name*	Model Number*	Vent Hood Exhaust Fan Motor Size (HP)	Make-up Air Unit Size (HP)	Is Make-Up Air Unit Cooled?	Is Make-Up Air Unit Controlled with New Hood Control System?
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
NEW EQUIPMENT CONTINUED . . .		Cooling Equipment Efficiency		ELECTRIC REBATE		GAS REBATE		
Annual Existing Heating Load (kBTU)	Annual Existing Cooling Load (kBTU)	RATING	UNITS	Qty X Rebate per HP	(CFM/1,000 X Rebate)	Equipment Cost		
			<input type="checkbox"/> COP <input type="checkbox"/> EER	\$		\$	\$	

Equipment Type: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ELECTRIC & GAS		NEW EQUIPMENT				REBATES		
Project Type	Code*	Qty.	Manufacturer Name*	Model Number*	Vent Hood Exhaust Fan Motor Size (HP)	Make-up Air Unit Size (HP)	Is Make-Up Air Unit Cooled?	Is Make-Up Air Unit Controlled with New Hood Control System?
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
NEW EQUIPMENT CONTINUED . . .		Cooling Equipment Efficiency		ELECTRIC REBATE		GAS REBATE		
Annual Existing Heating Load (kBTU)	Annual Existing Cooling Load (kBTU)	RATING	UNITS	Qty X Rebate per HP	(CFM/1,000 X Rebate)	Equipment Cost		
			<input type="checkbox"/> COP <input type="checkbox"/> EER	\$		\$	\$	

Equipment Type: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ELECTRIC & GAS		NEW EQUIPMENT				REBATES		
Project Type	Code*	Qty.	Manufacturer Name*	Model Number*	Vent Hood Exhaust Fan Motor Size (HP)	Make-up Air Unit Size (HP)	Is Make-Up Air Unit Cooled?	Is Make-Up Air Unit Controlled with New Hood Control System?
<input type="checkbox"/> New Installation <input type="checkbox"/> Retrofit							<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
NEW EQUIPMENT CONTINUED . . .		Cooling Equipment Efficiency		ELECTRIC REBATE		GAS REBATE		
Annual Existing Heating Load (kBTU)	Annual Existing Cooling Load (kBTU)	RATING	UNITS	Qty X Rebate per HP	(CFM/1,000 X Rebate)	Equipment Cost		
			<input type="checkbox"/> COP <input type="checkbox"/> EER	\$		\$	\$	

**SUBTOTAL REBATE AMOUNT**  
(add Sections 14 – 15)

\$

**TOTAL REBATE AMOUNT**  
(add all Sections)

\$

\*From the Qualifying Food Service Equipment Tables. If your new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, you must provide sufficient data to prove that it qualifies.

\*\*Annual Run Hours = Run Hours Per Day X Days of Operation Per Year

NOTE: Electric Rebates are available to customers of AU, OPU & RPU. Gas Rebates are available to customers of AU & OPU.

## 16. TERMS AND CONDITIONS

### 1. ELIGIBILITY

Electric Rebates are available to customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities. Gas Rebates are available to customers of Austin Utilities and Owatonna Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory.

### 2. APPLICATION

Program is offered January 1 through December 31 of the respective calendar year. **Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-serve basis.** The entire rebate application must be read and filled out completely or application will be returned.

### 3. INSPECTION AND VERIFICATION

The Utility reserves the right to inspect the customer's facility through on-site visits before and after new equipment installation to verify rebate eligibility.

### 4. INSTALLATION AND REBATE AMOUNTS

Qualifying energy-efficient equipment installed and operational within six (6) months of the date of purchase are eligible for rebate. Additional time may be granted subject to the Utility's pre-approval. In no case will the rebate paid by The Utility exceed the purchase price of the equipment. The maximum rebate amount is \$100,000 per customer location per technology per year. The Utility can, at its sole discretion, increase rebate amounts.

### 5. INVOICE AND PAYMENT

Following inspection and verification (see #3) and completed installation, the customer must notify The Utility and submit original invoices specifying the quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. Additionally, if the new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, sufficient data must be provided to prove that it qualifies. After satisfactory review of the application and invoices, a rebate check or bill credit will be issued to the customer. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit.

### 6. EQUIPMENT ELIGIBILITY REQUIREMENTS

All equipment must be new. Used or rebuilt equipment is not eligible for a rebate. Eligible high-efficiency commercial food service equipment must meet or exceed the Utility's minimum efficiency requirements shown in the Qualifying Equipment Tables. For retrofit projects, eligible high-efficiency equipment must replace units of lesser efficiencies to qualify for a rebate and replaced equipment must be removed. **Rebate requests for Ventilation Hood Controllers must include a copy of the savings analysis from the manufacturer or contractor.**

### 7. TAX INFORMATION

The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for details.

### 8. DISCLAIMER

The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at (800) 657-3864.

### 9. ENDORSEMENT

The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.

### 10. PRIVACY

Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners and also may be used in our advertising efforts with your permission as granted in Section 2 of this rebate application.

## RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

**Austin Utilities**  
Attn: Rebate Processing  
400 - 4th Street NE  
Austin, MN 55912  
(507) 433-8886  
(507) 433-5045 fax  
www.austinutilities.com

**Owatonna Public Utilities**  
Attn: Rebate Processing  
P.O. Box 800  
Owatonna, MN 55060  
(507) 451-2480  
(507) 451-4940 fax  
www.owatonnautilities.com

**Rochester Public Utilities**  
Attn: Rebate Processing  
4000 East River Road NE  
Rochester, MN 55906-2813  
(507) 280-1500  
(507) 280-1542 fax  
www.rpu.org