

# CONSERVE & SAVE



# REPLACEMENT WINDOW REBAIE APPLICATION VOIL MUST COMPLETE ALL INFORMATION OR APPLICATION WILL BE RETURNED

| 100 MOSI COMPLETE ALL INFORMATION OR APPLICATION WILL BE RETURNED   |                                   |                          |                           |                                       |                       |                                   |  |
|---------------------------------------------------------------------|-----------------------------------|--------------------------|---------------------------|---------------------------------------|-----------------------|-----------------------------------|--|
| 1. CUSTOMER I                                                       | NFORMATIO                         | N (please print)         |                           |                                       |                       |                                   |  |
|                                                                     |                                   |                          |                           |                                       |                       |                                   |  |
| Customer Name (Individual or Business Name)                         |                                   |                          |                           | Contact Person (if a Business)        |                       |                                   |  |
| Account Number / Location Number                                    |                                   |                          |                           | Daytime Phone Number (with area code) |                       |                                   |  |
| ,                                                                   |                                   |                          |                           |                                       | (                     | ,                                 |  |
| Mailing Address                                                     | ling Address                      |                          |                           | City                                  |                       | Zip Code + 4                      |  |
| Installation address (if different from mailing address)            |                                   |                          | С                         | ity                                   | State                 | Zip Code + 4                      |  |
| Approximate Year Buildi                                             | ng Was Constructe                 | d (required):            |                           |                                       |                       |                                   |  |
| Building Type:                                                      | gle-Family 🔲 Mar<br>🔲 Natural Gas |                          | Multi-Family 🔲 R<br>Other | etail                                 | Church/Schoo          | ol 🔲 Other                        |  |
| Primary Cooling Type:                                               | Central Air Con                   | ditioning 🔲 Room         | Air Conditioning          | ☐ Air Source                          | Heat Pump             | Geothermal                        |  |
| These windows were purchased:   To Replace Existing Working Windows |                                   |                          |                           |                                       |                       | ng or Broken Windows              |  |
|                                                                     | L <b>_</b> As N                   | ew Windows in an Existi  | ng Home/Building          | L <b>⊥</b> As New W                   | indows in an Newly-C  | Constructed Home/Building         |  |
| 2. INSTALLATIO                                                      | N INFORMAT                        | ION (please print        | )                         |                                       |                       |                                   |  |
| Self-Installed                                                      | Dealer-Installed                  | Installation Date _      |                           |                                       |                       |                                   |  |
| Dealer Name (Purchased At)                                          |                                   |                          |                           | Dealer Phone Number (with area code)  |                       |                                   |  |
| Dealer Address                                                      |                                   |                          | City                      |                                       | State                 | Zip Code + 4                      |  |
| 3. ENERGY STA                                                       | R® WINDOW                         | INFORMATION (            | please print) Must        | include NFRC label                    | for each window type. | See example on back of this form. |  |
| Complete for each win                                               | dow type. Attach a                | nn additional sheet if n | ecessary. Minimu          | m of 8 sq. ft. per                    | window. One open      | ing equals one window.            |  |
| U-Factor                                                            | Manufacturer                      |                          | Model                     |                                       | Window Type           |                                   |  |
| Window Length                                                       | Width                             | Total Sq. In.            | Sq. Ft.                   | # of Windows                          | Total Sq. Ft.         | \$15 per Window                   |  |
| X                                                                   | =                                 | ÷ 144 = _                | X _                       |                                       | =                     | \$                                |  |
|                                                                     |                                   |                          |                           |                                       |                       |                                   |  |
| U-Factor                                                            | Manufacturer                      |                          | Model                     | Window Type                           |                       |                                   |  |
| Window Length                                                       | Width                             | Total Sq. In.            | Sq. Ft.                   | # of Windows                          | Total Sq. Ft.         | \$15 per Window                   |  |
| X                                                                   | =                                 | ÷ 144 = _                | X                         |                                       | =                     | \$                                |  |
|                                                                     |                                   |                          |                           |                                       |                       |                                   |  |
| U-Factor                                                            | Manufacturer                      |                          | Model                     |                                       | Window Type           |                                   |  |
| Window Length                                                       | Width                             | Total Sq. In.            | Sq. Ft.                   | # of Windows                          | Total Sq. Ft.         | \$15 per Window                   |  |
| X                                                                   | =                                 | ÷ 144 = _                | X _                       |                                       | =                     | \$                                |  |

# 4. CUSTOMER AGREEMENT

Manufacturer

Width

U-Factor

Window Length

I certify the ENERGY STAR rated replacement windows were purchased between January 1, 2008 and December 31, 2009 and installed by February 28, 2010. All statements made in this application are correct. I agree to the Terms and Conditions listed on the back of this page.

Model

Sq. Ft.

Window Type

# of Windows

Total Sq. Ft.

\$15 per Window

Customer Signature Date

Total Sq. In.

# 5. TERMS & CONDITIONS

#### **ELIGIBILITY**

Rebates are available to electric and/or natural gas customers of Austin Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory. Rebates are for installed equipment only. Only one service address per application.

#### 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. All applications form the previous year's purchases must be received by March 31. Missing or incorrect information will increase the processing time.

#### **INSPECTION & VERIFICATION**

The Utility reserves the right to inspect window installation to verify eligibility.

#### INSTALLATION

Windows must be installed in a conditioned space where The Utility supplies the primary heating or cooling energy. One opening equals one window. In no case will the rebate paid by The Utility exceed the purchase price of the window(s).

#### **INVOICE & PAYMENT**

The customer must submit: 1) Original itemized and dated invoice / receipt from contractor or retailer (include window or manufacturer, model, and size), specifying the quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. 2) Original NFRC label detailing Energy Performance Ratings, along with your claim form. After Satisfactory review of the application and invoices, a rebate check or will be issued to the customer. Please allow 6-8 weeks for processing.

## **EQUIPMENT ELIGIBILITY REQUIREMENTS**

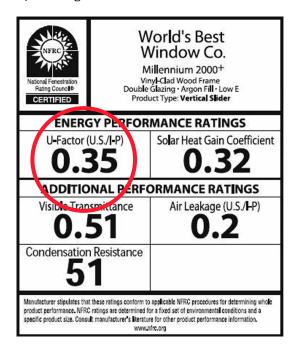
Windows must be Energy Star rated for the northern climate zone, certified by the National Fenestration Rating Council (NFRC), and have a minimum NFRC U-factor rating equal to 0.35 or less. Customers are responsible for ensuring the windows installed for this program meets all applicable codes, standards, and regulatory requirements.

# TAX INFORMATION

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

#### **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.



#### **ENDORSEMENT**

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

## 10. PRIVACY

Information contained in this rebate application may be shared with the Minnesota Department of Commerce and co-op partners.

**Austin Utilities** 400 - 4th Street Austin, MN 55912 (507) 433-8886

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



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