

# CONSERVE & \$AVE<sup>®</sup>

## 2011 NATURAL GAS EFFICIENCY REBATE APPLICATION

### 1. REBATE APPLICATION CHECKLIST

This program offers rebates for the purchase of new energy-efficient products. Use this checklist to complete the steps to receive your rebates:

#### HOW TO APPLY:

- 1. Read the terms and conditions on the back page of this application to determine if you are eligible for a rebate.
- 2. Purchase and install new products with the **ENERGY STAR<sup>®</sup>** label or that meet our **minimum efficiency requirements**.
- 3. Complete the application, making sure to fill out all required sections in detail. Missing or incorrect information will increase the processing time.
- 4. Include a final, detailed copy of the **original sales receipt/invoice/picking slip** showing the customer name, date of sale, manufacturer name, model number, and date of installation.
- 5. **For WINDOW rebates**, applicant must include the NFRC label for each window type and size. City Final Inspection Form is required for OPU customers.
- 6. **CEE PARTICIPATING CONTRACTORS**, have attended the Builder's Association of Minnesota's Air Sealing and Insulation training, have been trained on the details and guidelines of our program, and have contractually agreed to meet program standards and submit to quality control inspections. Customers must have had CONSERVE & SAVE<sup>®</sup> HOUSE CALL audit and improvements must be indicated on audit form to qualify for rebates for items that are "CEE Participating Contractor Installed."
- 7. Sign the application.
- 8. Mail completed forms and required documentation to your utility provider:




#### Austin Utilities

Attn: Rebate Processing  
400 - 4th Street NE  
Austin, MN 55912-3495  
(507) 433-8886  
(507) 433-5045 fax  
www.austinutilities.com



#### Owatonna Public Utilities

Attn: Rebate Processing  
P.O. Box 800  
Owatonna, MN 55060-0800  
(507) 451-2480  
(507) 451-4940 fax  
www.owatonnautilities.com

 **SIGNATURE:**  
I certify that I have read, understand, and agree to the terms and conditions on the back page of this rebate application and that all equipment has been installed.

**CUSTOMER SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.)

**OFFICE USE ONLY** ID \_\_\_\_\_ Appliance or Equipment \_\_\_\_\_  
Date of Inspection \_\_\_\_\_ Approved By & Date \_\_\_\_\_ **Total Rebate Amount** \$

## 2. CUSTOMER INFORMATION (please print)

### SECTION 2 MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED

Customer Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone Number (with area code) \_\_\_\_\_ Daytime Phone Number (with area code) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Installation address (if different from mailing address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Account Number / Location Number \_\_\_\_\_

Please apply rebate to my account.  Please send me a rebate check. **(Rebates under \$25 for AU customers will be applied to your account.)**

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

**REQUIRED:** I am a:  **Residential** Customer  
 Owner/Occupant  
 Owner/Non-Occupant  
 Renter

I am a:  **Commercial** Customer  
 Owner/Occupant  
 Owner/Non-Occupant  
 Renter

#### OFFICE USE ONLY

Gas  
 Electric  
 Water

**My home/business is heated by:**  Electric  Gas  Don't Know

**My water heating is:**  Electric  Gas  Don't Know

Number of People in Household	Annual Household Income
1	\$22,620
2	\$29,580
3	\$36,540
4	\$43,500
5 or more	\$50,460

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- 1) Find your household size on the table to the left.
- 2) Determine your annual household income, before taxes, including pension, social security, etc.
- 3) Is your household income above or below the amount corresponding to your household size in this table?  **above**  **below**

(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)

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

Contractor's/Retailer's Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Installer's Name (**write SELF if customer installed**) \_\_\_\_\_

Type of Appliance/Equipment Installed \_\_\_\_\_

Contractor's/Retailer's Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Installer's Name (**write SELF if customer installed**) \_\_\_\_\_

Type of Appliance/Equipment Installed \_\_\_\_\_

# 2011 BUILDING SHELL REBATES

## CEE PARTICIPATING CONTRACTOR VERIFICATION (Complete for any CEE Participating Contractor installed work.)

CEE Participating Contractors have attended the Builder's Association of Minnesota's Air Sealing and Insulation training, have been trained on the details and guidelines of our program, and have contractually agreed to meet program standards and submit to quality control inspections.

**Summary of work performed (check all that apply):**

Attic Air Sealing    
  Attic Insulation    
  Wall Cavity Insulation    
  R5 Rigid Foam (added to outside of insulated walls)

**The following section must be completed if attic air sealing, or wall cavity insulation work was performed:**

Pre-installation blower door test: \_\_\_\_\_ CFM at \_\_\_\_\_ Pa     Post-installation blower door test: \_\_\_\_\_ CFM at \_\_\_\_\_ Pa

% blower door CFM reduction: \_\_\_\_\_%     If less than 25% reduction, please explain: \_\_\_\_\_

**Does house have an atmospherically-vented water heater, furnace, or boiler?**      Yes      No

If Yes, initial below to confirm that the following tests were completed and the property owner was advised of any safety issues:

\_\_\_\_\_ Spillage evaluation for all atmospherically-vented gas appliances

\_\_\_\_\_ Worst-case negative pressure measurement for each combustion appliance zone

**Signature of CEE Participating Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I certify that all of the values above are true and accurate and that all work was performed in accordance with the CONSERVE & SAVE® HOUSE CALL Program Air Sealing and Insulation Contractor Requirements and Standards.

Contractor Name (printed): \_\_\_\_\_ Contractor License #: \_\_\_\_\_

## ATTIC AIR SEALING AND/OR RIM JOIST SEALING/INSULATION (Retrofit only)

**MINIMUM EFFICIENCY REQUIREMENTS: All bypasses indicated by House Call audit must be addressed. Post-Installation Blower Door Verification required.**

**REBATE: CEE Participating Contractor Installed: Air Sealing: \$200; Rim Joist Sealing/Insulation: \$150**

**ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**

Check here to signify that all bypasses identified in audit were sealed. If not, explain: \_\_\_\_\_

Describe any additional air sealing performed not identified by audit: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Approximate Age of Furnace/Boiler: \_\_\_\_\_

Furnace/Boiler's Approximate Efficiency: \_\_\_\_\_ %

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____
<b>Savings: _____ ccf</b>

## ATTIC INSULATION (Retrofit only)

**ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THE**

**MINIMUM EFFICIENCY REQUIREMENTS: Must add a minimum of R19 with an ending R value of 44 or greater.**

**CEE PARTICIPATING CONTRACTOR INSTALLED REBATE.**

**REBATE: Self Installed or non-CEE Participating Contractor Installed: \$0.10 per square foot**

**CEE Participating Contractor Installed: \$150 plus 0.15 per square foot. Rebate is capped at 50% of cost.**

Self-Installed      CEE Participating Contractor Installed (see top of this page)     Installation Date: \_\_\_\_\_

Check here to signify that all attic bypasses were sealed before insulation was added. If not, explain: \_\_\_\_\_

Description of Insulation Improvements: \_\_\_\_\_

Approximate Age of Furnace/Boiler: \_\_\_\_\_ Furnace/Boiler's Approximate Efficiency: \_\_\_\_\_ %

Manufacturer & Type of Insulation Added: \_\_\_\_\_

Inches of Insulation Added: \_\_\_\_\_ Square feet covered: \_\_\_\_\_

Initial R-Value: \_\_\_\_\_ R-Value Added: \_\_\_\_\_ Total Ending R-Value (Initial + Added): \_\_\_\_\_

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____
<b>Savings: _____ ccf</b>

**WALL INSULATION** (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**

**MINIMUM EFFICIENCY REQUIREMENTS: Minimum 450 sq. ft. of insulation for rebate. All requirements must be verified through House Call audit.**  
**INJECTION (CEE PARTICIPATING CONTRACTOR INSTALLED): Empty cavities only. Post-Installation Blower Door Verification required.**  
**EXTERIOR RIGID FOAM: R5 or greater over already insulated wall. Wall cavities must be filled.**  
**REBATE: Injection (CEE Participating Contractor Installed): \$300; Exterior Rigid Foam Insulation: \$200**

Injection (CEE Participating Contractor Installed – see top of page 3)  Exterior Rigid Foam Installation Date: \_\_\_\_\_

Description of Insulation Improvements: \_\_\_\_\_

Approximate Age of Furnace/Boiler: \_\_\_\_\_ Furnace/Boiler's Approximate Efficiency: \_\_\_\_\_ %

Manufacturer & Type of Insulation Added: \_\_\_\_\_

Inches of Insulation Added: \_\_\_\_\_ Square feet covered: \_\_\_\_\_

Initial R-Value: \_\_\_\_\_ R-Value Added: \_\_\_\_\_ Total Ending R-Value (Initial + Added): \_\_\_\_\_

OFFICE USE ONLY	
Rebate Total: \$	_____
Savings: _____	ccf

**WINDOWS** Must include NFRC Label for each window type and size. **OWATONNA RESIDENTS: Must submit a copy of the City Building Department Final Inspection form.**

**MINIMUM EFFICIENCY REQUIREMENTS: 8 sq. ft. per window opening (one opening equals one window);**  
**ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .30 or equivalent energy performance)**  
**REBATE: \$15 per window**



NFRC Labels Included (Required)  City Final Inspection Form Submitted (Required for Owatonna Public Utilities customers.)

Self-Installed  Dealer Installed Installation Date: \_\_\_\_\_

Dealer Name (Purchased At): \_\_\_\_\_ Dealer Phone (with area code): \_\_\_\_\_

Dealer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

Approximate Year Building Was Constructed (Required): \_\_\_\_\_

Building Type:  Single-Family  Manufactured Home  Multi-Family  Retail  Office  Church/School  Other: \_\_\_\_\_

Primary Heating Fuel:  Natural Gas  Electric  Other: \_\_\_\_\_

Primary Cooling Type:  Central Air Conditioning  Room Air Conditioning  Air Source Heat Pump  Geothermal  None

These windows were purchased:  To Replace Existing Working Windows  To Replace Existing Non-Working or Broken Windows  
 As New Windows in an Existing Home/Building  As New Windows in a Newly-Constructed Home/Building

**Complete the following sections FOR EACH WINDOW TYPE. Attach an additional sheet if necessary.**

U-Factor:	Manufacturer:	Model:	Window Type:
Window Length (inches):	Width (inches):	# of Windows this Size:	<b>X \$15 per Window = \$</b> (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Window Type:
Window Length (inches):	Width (inches):	# of Windows this Size:	<b>X \$15 per Window = \$</b> (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Window Type:
Window Length (inches):	Width (inches):	# of Windows this Size:	<b>X \$15 per Window = \$</b> (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Window Type:
Window Length (inches):	Width (inches):	# of Windows this Size:	<b>X \$15 per Window = \$</b> (Total Rebate per Size)

# 2011 FURNACE AND CENTRAL A/C REBATES

## FURNACES – NEW CONSTRUCTION

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 95%**

REBATE: \$100

NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

(AFUE=Annual Fuel Usage Efficiency) (www.ahridirectory.org)

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (AFUE %): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____

## FURNACES – RETROFIT

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 92%**

REBATE: AFUE of 92% = \$100; AFUE greater than or equal to 95% = \$200

NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

(AFUE=Annual Fuel Usage Efficiency) (www.ahridirectory.org)

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (AFUE %): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____

## FURNACE FAN MOTORS – NEW INSTALLATIONS ONLY (ELECTRIC REBATE) [Variable Speed Drive (VSD) / Electronically Commutated Motor (ECM)]

**MINIMUM EFFICIENCY REQUIREMENTS: 92% AFUE Furnace; GAMA Eae\*\* less than or equal to 350 kWh/yr** (AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

ELECTRIC REBATE: \$50 (AFUE=Annual Fuel Usage Efficiency; Eae=Energy annual efficiency) (www.ahridirectory.org)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_ AHRI Certified Reference #: \_\_\_\_\_

Rated Efficiency (Eae kWh/year): \_\_\_\_\_ Rated Efficiency (AFUE %): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____

## CENTRAL AIR CONDITIONERS (ELECTRIC REBATE)

**MINIMUM EFFICIENCY REQUIREMENTS: SEER 14.5; Must be AHRI Certified.**

REBATE: 20,000 Btu/hr or less: \$100 plus \$25 for each full SEER point above 14

Greater than 20,000 Btu/hr: \$200 plus \$75 for each full SEER point above 14

For example: 20,000 Btu/hr or less: 15 SEER: \$125 rebate, 16 SEER: \$150 rebate; 17 SEER: \$175 rebate

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

(SEER=Seasonal Energy Efficiency Rating) (www.ahridirectory.org)

Outdoor Unit Model #: \_\_\_\_\_ Manufacturer's Name: \_\_\_\_\_

**AHRI Certified Reference # (required):** \_\_\_\_\_ Electrician: \_\_\_\_\_

Indoor Unit Model #: \_\_\_\_\_ Manufacturer's Name: \_\_\_\_\_

Rated Efficiency (SEER by AHRI): \_\_\_\_\_ Cooling Capacity (BTUH): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
<b>Rebate Total: \$</b> _____

# 2011 BOILER AND DOMESTIC HOT WATER HEATER REBATES

## BOILERS

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85%**

REBATE: AFUE greater than or equal to 85% = \$100; greater than or equal to 90% = \$200; greater than or equal to 95% = \$300; Boilers with indirect fire water heater = \$100 additional  
 NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)  
 (AFUE=Annual Fuel Usage Efficiency) (www.ahridirectory.org)

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (AFUE %): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## TANK WATER HEATERS

**MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.62**

REBATE: EF greater than or equal to 0.62, but less than 0.64 = \$50;  
 EF greater than or equal to 0.64, but less than 0.67 = \$75;  
 EF greater than or equal to 0.67 = \$100  
 NOTE: Gas Inspection Required (OPU customers must include a copy of the water heater inspection form.)

(EF=Energy Factor) (www.ahridirectory.org)  
 (AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Storage Gallons: \_\_\_\_\_ Rated Efficiency (EF): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## TANKLESS (INSTANTANEOUS) WATER HEATERS

**MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.80**

REBATE: EF greater than or equal to 0.80, but less than 0.92 = \$200; EF greater than or equal to 0.92 = \$250  
 NOTE: Gas Inspection Required (OPU customers must include a copy of the water heater inspection form.)

(EF=Energy Factor) (www.ahridirectory.org)  
 (AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr input): \_\_\_\_\_ Rated Efficiency (EF): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## DRAIN WATER HEAT RECOVERY (DWHR)

**MINIMUM EFFICIENCY REQUIREMENTS: Heat recovery efficiency of 42% at 2.5 GPM & max pressure drop of 3 psi @2.5 GPM;  
 Must be installed by a manufacturer-certified, licensed plumbing contractor.**

REBATE: \$200

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heat Recovery Efficiency: \_\_\_\_\_ Storage Size of Water Heater (Gallons): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Number of People Living in Your Home: \_\_\_\_\_

Water Heating:  Gas  Electric

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

# 2011 OTHER NATURAL GAS REBATES

## CLOTHES WASHERS

**MINIMUM EFFICIENCY REQUIREMENTS: ENERGY STAR® Label**

*ELECTRIC, WATER, & NATURAL GAS REBATE: \$25-\$100*

*NOTE: Rebate is calculated at \$50 for electric service, \$25 for water service, \$25 for gas service\*. Example: Electric = \$50, Electric & Water = \$75, Electric, Water, & Gas = \$100.*

Manufacturer's Name: \_\_\_\_\_ Model # \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## ELECTRONIC IGNITION HEARTH – NEW NATURAL GAS HEARTH INSTALLATIONS ONLY

**MINIMUM EFFICIENCY REQUIREMENTS: Must be on-demand electronic ignition that is also a sealed combustion/direct vent unit.**

*REBATE: \$75*

*NOTE: Gas Inspection Required in Austin Only.*

Natural Gas Hearth Product is:  Free-standing stove  Fireplace  Insert

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Ignition Brand Name: \_\_\_\_\_ Heating Capacity (Btu/hr input): \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## PROGRAMMABLE THERMOSTATS

**MINIMUM EFFICIENCY REQUIREMENTS: Rebate cannot exceed the cost of the thermostat. Thermostat must control primary heating system.**

*REBATE: \$25*

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  working unit  no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## CUSTOM NATURAL GAS PROGRAM

**MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing.**

*NOTE: May require up to 10 weeks or more to process rebate*

Description of Improvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calculated Annual Gas Energy Savings: \_\_\_\_\_ Calculated Reimbursement \$ \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**Must have greater than 1 year, and less than a 6 year payback.**  
**Fuel switching technologies are excluded on retrofits.**  
**Attach third party testing documentation with necessary information for calculating savings.**

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

## 4. TERMS AND CONDITIONS

This program offers rebates for the purchase of new energy-efficient equipment. Applicants should review the terms and conditions listed below and fill in the corresponding rebate information on the preceding pages.

To qualify for a rebate, these requirements must be met:

- **Only one service address per application.**
- **The utilities reserve the right to apply rebates to past due accounts. Rebates under \$25 for AU customers will be applied to your account. Rebates will not exceed the purchase price.**
- Property must be connected to Austin Utilities or Owatonna Public Utilities natural gas service and is **subject to inspection**.
- Windows and insulation must be installed in a conditioned living space where the utility supplies the primary heating energy (e.g. NOT garages or sun porches).
- **CEE Participating Contractors** have attended the Builder's Association of Minnesota's Air Sealing and Insulation training, have been trained on the details and guidelines of our program, and are willing to meet program standards and submit to quality control inspections.
- Equipment installations must meet our **Minimum Efficiency Requirements** to qualify for a rebate.
- **Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from the previous year's (2011) purchases must be received by March 31, 2012.**
- Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
- **Return the completed application and required documentation to your utility provider:**



### **Austin Utilities**

Attn: Rebate Processing  
400 - 4th Street NE  
Austin, MN 55912-3495  
(507) 433-8886  
(507) 433-5045 fax  
[www.austinutilities.com](http://www.austinutilities.com)



### **Owatonna Public Utilities**

Attn: Rebate Processing  
P.O. Box 800  
Owatonna, MN 55060-0800  
(507) 451-2480  
(507) 451-4940 fax  
[www.owatonnautilities.com](http://www.owatonnautilities.com)



When purchasing any type of appliance or equipment, look for the ENERGY STAR® logo!