

Emmetsburg Municipal Utilities

**GAS APPLIANCE REBATE APPLICATION**

**\*NOTE**

\* Application must be filled out completely. \* Appliance must be installed and fueled by natural gas only.  
\* Sales receipt must be submitted with this application & indicate date of purchase, dealer's name, appliance purchased, and brand of the appliance.

Applicant Name (Person Receiving Rebate): \_\_\_\_\_

Account Number (As shown on Utility bill): \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Appliance Location Address (If Different): \_\_\_\_\_

**--- Appliance Information ---**

Appliance:  Furnace  Water Heater  Gas Dryer

Date Purchased: \_\_\_\_\_ Quantity: \_\_\_\_\_ Energy Efficiency Rating: \_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

**--- How would you like your rebate issued ---**

Chamber Dollars  Applied to account #: \_\_\_\_\_  
*(If different from above)*

**Customer Certification & Agreement**

The systems(s) at the above address has been selected and installed in accordance with guidelines established for the EMU appliance rebate program. The customer understands that prior to the issuance of any payment the equipment may be inspected by EMU. The customer shall observe and comply with all ordinances, laws, and requirements of all units of government and governmental agencies having jurisdiction over the work to be performed. EMU does not guarantee that the equipment funded under this program will result in energy savings. In no event shall EMU be liable for any incidental or consequential damages.

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

**For Office Use Only**

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Application Verified: \_\_\_\_\_ By: \_\_\_\_\_

Rebate Issued:  Chamber Dollars  Applied to account #: \_\_\_\_\_

Date Rebate Issued: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ By: \_\_\_\_\_

\*Appointment Date & Time: \_\_\_\_\_