



PO Box 1700
105 East 4th Street
The Dalles, Oregon 97058
Tel: (541) 296-2740
(800) 341-8580
Fax: (541) 296-7781

HEAT PUMP REBATE FORM

*** A copy of the receipt is required to process rebate ***

Member Information (please print clearly)

Member Number: _____

First Name: _____ Last Name: _____

Installation Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

House Type

Site Built: _____ Mfg Home: _____ Make rebate check payable to me: _____

Year House was Built: _____ Apply rebate to my electric account: _____

Previous Heating/Cooling System: (must be converting from electric heat to qualify for rebate)

Forced Air Electric Electric Zonal Electric Heat Pump Other (specify) _____

New Equipment Information:

Date of Installation: _____ Heat Pump Type: Air-To-Air Geothermal
 Ductless Heat Pump

Brand: _____ Model: _____

HSPF Rating: _____ SEER Rating: _____

Outdoor Unit Model Number: _____ Indoor Unit Model Number: _____

ARI Reference Number: (contractor should supply)

By signing this agreement, members agree to release Wasco Electric Cooperative from any liability associated with the selection, install, or operation of the equipment which was purchased under this program, and recognized that in no way is WEC responsible for the safety or satisfactory performance of the equipment. WEC will not accept any liability caused by the member's participation in this program.

If requested, I agree to allow a Wasco Electric Cooperative representative to verify the installation of the appliance installed.

Member's Signature/ Date

WEC Representative Signature / Date

rev 04/14

OFFICE USE ONLY

908.6 Amount: \$ _____ Date Paid: _____ Check Number: _____