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# Dehumidifier Rebate Form 2024

## Member Information:

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

### Rebate Requirements:

Complete rebate form

Include a copy of your original sales receipt showing the item purchased.

Provide packaging showing the ENERGY STAR logo rated product purchased.

**By signing this application, I certify the appliances for which I am claiming a rebate are qualifying products and are installed at the address listed above which represents a valid cooperative account.**

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENERGY STAR dehumidifier \$25.00 rebate

Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_

Reimbursement method: (Accounting code – 908.11)

Please credit my account

Please send me a check

Cooperative Rep: \_\_\_\_\_ Date: \_\_\_\_\_