

Mail to: PO Box 437 - Hampton, IA 50441 For more information: 641-456-2557 www.franklinrec.coop

Heat Recovery & Energy Recovery Ventilators Rebate Application

For Office Use Only

Total Rebate	
Amount:	

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- All rebates will be issued to members by way of a bill credit. Some exceptions may apply.

- Complete this form along with the specific product reba	ate form.		
Member I	nformation		
Member Name	Address		
City - State - Zip	Account Number		
Phone (include area code: sample - 999-999-9999)	Email		
Rebate Unit Instal	lation Information		
Please answer questions based on the location where the unit was installed.			
Location Installed	Structure Type		
Same as above Other	Single Family Residence		
(complete below)	Farm Outbuilding		
Address	Business		
City - State - Zip	Multi-Family Unit: apt/condo/duplex/etc.		
	Rebate Unit Installed In		
Install Date	New Construction Existing Structure		
	Ownership		
	Owned Leased		
Installer (if applicabl	e) or Purchased From		
Rusiness Name	Contact Name		

installer (if applicable) of Farchasea From		
Business Name	Contact Name	
City - State - Zip	Phone	



Heat Recovery & Energy Recovery Ventilators Rebate

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1. New Recovery Ventilator Type Heat Recovery Ventilator (HRV) Energy Recovery Ventilator (ERV) 2. Equipment Information Specifications Make Model Serial No. 3. Replacement Information	4. Heating System Geothermal heat pump Air source heat pump Electric-central/zoned Natural gas/propane 5. Cooling System Geothermal heat pump Air source heat pump Central Air Window unit(s) None
New installation Old unit replaced DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDE been installed at the member's location served by REC. REC rese	
Member Signature	Date