



# \$400 DRAIN WATER HEAT RECOVERY Rebate Form

Offer valid **January 1, 2020 – December 31, 2020**

**Apply Online: [www.mnpower.com/hvacportal](http://www.mnpower.com/hvacportal)**

(Online application process is for Minnesota Power customers only.)

## CUSTOMER INFORMATION

Name of Customer (As it appears on utility bill.)

Electric Utility Account Number		Name of Electric Utility (Must be a customer of a participating utility.)*	
Mailing Address		City	State ZIP
Installation Address (Unit must be installed at a location served by MP or participating utility.)		City	State ZIP
Daytime Phone Number		Email Address	
Construction Type <input type="checkbox"/> New <input type="checkbox"/> Existing	Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	If residential, the DWHR will be used in a: <input type="checkbox"/> Single Family Home <input type="checkbox"/> 2-4 Unit <input type="checkbox"/> 5+ Unit	Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own

## INSTALLER/CONTRACTOR INFORMATION

Business Name	Phone Number	Name of Manufacturer Trained Installer ( <b>must be completed</b> )
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## BUSINESS/LANDLORD INFORMATION

Make Rebate Check Payable to: ☐ Residential Customer (Skip to Customer Signature) ☐ Landlord/Property Owner

**Complete section below only if rebate will be paid to a business or the Landlord/Property Owner**

Payee Legal Name (as shown on income tax return)	Payee Federal Tax Classification (Check ONE only) <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other tax exempt organization or gov't agency
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Payee Legal Address

Send Check to: ☐ Payee Legal Address ☐ Alternate Address (Complete below):

Alternate Pay Address (Optional)

Payee Taxpayer Identification Number (TIN) (Complete **ONE** only. Must match payee legal name above.)

FEIN #: \_\_\_\_\_ - \_\_\_\_\_ **OR** SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Certification: the following certifications are required in order for this form to substitute for the IRS form W-9.** Under penalties of perjury, I certify that:

1. The payee's TIN is correct
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. citizen

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## CUSTOMER SIGNATURE

To the best of my knowledge, the information in this application is accurate and complete. I have read and agree to the terms and conditions of the rebate program. Equipment will be purchased, installed, and operating at the facility listed above.

Sign or Initial here:	Date:
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\*For a list of participating utilities, please visit [www.mnpower.com/participatingutilities](http://www.mnpower.com/participatingutilities).

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## WATER HEATING SYSTEM (must have an electric water heater to participate)

Size of Water Heater Tank <input type="checkbox"/> 40 gal <input type="checkbox"/> 60 gal <input type="checkbox"/> 80+ gal	Number of Showers in the Home <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Age of Electric Water Heater <input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16+
Electric Water Heater Energy Factor (EF)		

## DRAIN WATER HEAT RECOVERY REBATE - \$400

Brand Name	Model Number
Serial Number	Date of Installation
Description of Qualifying Installation	

### ☐ **YES! Please send me a FREE Energy and Water Saving SmartPak.**

(includes water saving showerhead, 2 faucet aerators, shower timer, water temperature gauge and instructions)

## PROGRAM REQUIREMENTS CHECKLIST (must be completed)

- ☐ Complete all appropriate information on rebate form
- ☐ Manufacturer trained plumber installs equipment
- ☐ Contractor reviews information with customer

## TERMS AND CONDITIONS

**General Eligibility:** This offer is valid for Minnesota Power or participating municipal utility\* residential customers only. Programs may vary between utilities. If you have a question about a specific utility program, please call 800.677.8423 (option 2) or contact your utility directly. See program overviews for equipment and installation requirements available at [www.mnpower.com/hvacportal](http://www.mnpower.com/hvacportal).

**Verification:** Minnesota Power reserves the right to verify sales receipts and/or installations of products and services before issuing rebates. A random inspection may be conducted to verify installation(s) or service(s).

**Program Modifications:** Minnesota Power and the Participating Utilities reserve the right to alter or discontinue this rebate offer at any time without notice.

**Disclaimer:** Minnesota Power reserves the right to deny or limit any rebate request. In addition, Minnesota Power offers no warranties on product or service installations provided nor does the program warranty, guarantee or endorse the energy efficiency services provided by any specific contractor participating in the program.

## ELIGIBILITY DATES

This rebate form is eligible for qualified installations and/or services performed between January 1, 2020, and December 31, 2020; based on approval of the Minnesota Department of Commerce Division of Energy Resources (DER) and available dollars. All forms must be postmarked within 30 days of installation and/or service to be considered eligible for the rebate. Please allow 8 - 10 weeks to receive your rebate check.

## CONTRACTOR INSTRUCTIONS

Verify that customer's electric utility at the installation address is Minnesota Power or a participating municipal utility.

Contractor is responsible for submitting rebate forms and required paperwork to the address below.

### Items that must be included when requesting rebate:

- Completed/signed copy of this form
- Copy of invoice: MUST include installation address, equipment type, manufacturer, model number, cost, date of installation

Completed rebate applications must be postmarked within 30 days of installation and/or service and **submitted to:**

**Mail: Minnesota Power HVAC Rebates, 431 Charmany Drive, Madison, WI 53719**

**Email: [MNPowerebates@slipstreaminc.org](mailto:MNPowerebates@slipstreaminc.org)**

**Fax: 608.646.7682**

**Or submitted online at [www.mnpower.com/hvacportal](http://www.mnpower.com/hvacportal)**

\*For a list of participating utilities, please visit [www.mnpower.com/participatingutilities](http://www.mnpower.com/participatingutilities).