

**ENERGY EFFICIENCY  
GRANT PROGRAM**

**REBATE CLAIM FORM**



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Have you participated in the following:  
(Check all that apply)

Energy Audit program

Lighting Analysis

Weatherization workshop

Submitted a signed consent and  
release form

**FACILITY INFORMATION**

Type of facility:  New  Existing  Addition

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

**EQUIPMENT INFORMATION**

Type of equipment installed \_\_\_\_\_

Date of Installation \_\_\_\_\_

Mfr. Name \_\_\_\_\_ Model # \_\_\_\_\_

Serial Number \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is this item Energy Star rated? YES NO

Was the item professionally installed? YES NO

If yes, name of contractor \_\_\_\_\_

Please include copies of itemized sales receipts, along with this completed claim form before February 1, 2014 to Main Street West Union, 115 1/2 North Vine Street, West Union, IA 52175. Incomplete applications will not be processed. Rebates are awarded on a first come, first serve basis. Please complete a separate claim form for each type of equipment installed.