

Water Heater Rebate Application

FreeState Electric Cooperative



Date: _____ Account Number: _____

Name on Account: _____

Please enclose or attach a copy of your purchase and installation invoices when filing for a rebate.

1-800-794-1989
www.freestate.coop
customerservice@freestate.coop

Service Address: _____
Street or PO Box City State Zip

If service address is different than billing address, please provide the billing address below.

Mailing Address: _____
Street or PO Box City State Zip

Email: _____

Phone: _____

Tank 1:

Date of Installation: _____

Model # _____

Serial # _____

Size: _____ gal. Energy Factor: _____

Brand: _____

Purchased From: _____

Warranty Term: _____

Tank 2: (if applicable)

Date of Installation: _____

Model # _____

Serial # _____

Size: _____ gal. Energy Factor: _____

Brand: _____

Purchased From: _____

Warranty Term: _____

Is the new water heater

A replacement for a non-electric water heater

An installation in new construction

A replacement for an electric water heater

Time of Use

This 2025 rate allows member to save based on their consumption habits. Rate adjusts each January.

Peak Rate: 30¢ per kWh 3-6 p.m., Monday-Friday

Off Peak Rate: 11¢ per kWh, Hours not listed above, plus major holidays

Terms and Conditions

1. If member desires to discontinue the Time-of-Use rate in less than 24 months, the member will agree to re-pay FreeState Electric Cooperative at a rate of \$10.00 per remaining months for a maximum of \$120.00.

a. Repayment may be made in full at time of discontinued rate of service if member desires to do so.

2. If member discontinues electrical service through FreeState Electric Cooperative the remaining balance will be added to the final bill for the account holder.

a. The remaining balance is transferable to a new active billing account with member approval.

By applying for and accepting this rebate, I agree to participate in FreeState Electric Cooperative's Time of Use Rate

Applicant Signature: _____ Date: _____

Office Use Only:

REBATE	TOU
<input type="checkbox"/> Approved _____ <small>Staff Initial</small>	<input type="checkbox"/> Verified Eligible Service _____ <small>Staff Initial</small>
<input type="checkbox"/> Denied _____ <small>Staff Initial</small>	