Water Heater Rebate Application

FreeState Electric Cooperative, East District

Date: _____ **Account Number:** _____

Name on Account: _____

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

FreeState Electric Cooperative, Inc.
Your Touchstone Energy® Cooperative

1100 SW Auburn Rd, Topeka, KS 66615
(785) 478-3444 • (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 _____
Brand _____
Model # _____
Serial # _____
Size _____ (gal) **Energy Factor** _____
Purchased From _____
Warranty Term _____

Tank 2 (if applicable)

Date of Installation _____
Brand _____
Model # _____
Serial # _____
Size _____ (gal) **Energy Factor** _____
Purchased From _____
Warranty Term _____

Time of Use

This rate allows member to save based on their consumption habits.

	2025	2026	2027	2028
Peak Rate: (3-6 p.m., Monday-Friday)	30.00¢/kWh	35.00¢/kWh	40.00¢/kWh	45.00¢/kWh
	2025	**2026**	**2027**	**2028**
Off Peak Rate: (Hours not listed above, plus major holidays)	11.00¢/kWh	10.75¢/kWh	10.50¢/kWh	10.25¢/kWh

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

Appliant Signature: _____ **Date:** _____

Office Use Only:

☐ Approved _____ Staff Initial
☐ Denied _____ Staff Initial

Rebate Application Updated October 12, 2026 1:54 PM