



# Heat Recovery & Energy Recovery Ventilators Rebate

Submit by mail or in person:  
2099 Hwy 3 or PO Box 353 Clarion, IA 50525  
For more information: 515-532-2805 or 800-728-0013  
[www.prairieenergy.coop](http://www.prairieenergy.coop)

## For Office Use Only

Total Rebate Amount:

### **Program Criteria**

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- \$125 rebate per unit. Whole house system for new or existing home
- Rebate application along with required documentation must be submitted within 6 months of purchase

Member or Business Name

Account Number

#### 1. New Recovery Ventilator Type

- Heat Recovery Ventilator (HRV)  
 Energy Recovery Ventilator (ERV)

#### 2. Equipment Information Specifications

Make   
Model   
Serial No.

#### 3. Replacement Information

- New installation  
 Old unit replaced

#### 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

#### 6. Water Heater Type

- Electric  Natural gas/propane

**DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED.** Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature

Date



# Rebate Application

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Total Rebate Amount:

### Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

## Member Information

Member Name

Address

City - State - Zip

Account Number

Phone (include area code: sample - 999-999-9999)

Email

## Rebate Unit Installation Information

**Please answer questions based on the location where the unit was installed.**

Location Installed

- Same as above       Other  
(complete below)

Address

City - State - Zip

Install Date

Structure Type

- Single Family Residence  
 Farm Outbuilding  
 Business  
 Multi-Family Unit: apt/condo/duplex/etc.

Rebate Unit Installed In

- New Construction       Existing Structure

Ownership

- Owned       Leased

## Installer (if applicable) or Purchased From

Business Name

Contact Name

City - State - Zip

Phone