

2023 Load Management Heating Rebate



Member Information:

Name _____ Account # _____

Service Address _____

City _____ State _____ ZIP _____ Phone _____

Equipment Information:

Electric Thermal Storage (ETS) space heating units

Storage heating units must be enrolled in an ETS Space Heating Program (SH) to qualify for the rebate. Member agrees to enroll for a minimum three-year program term. See ETS program form for requirements and terms.

Installation type: New Replacement of old ETS unit(s)

Unit information

Manufacturer _____ Model _____

Interruptible heating system

Interruptible heating systems must be enrolled in an interruptible rate program (DF) to qualify for a rebate. Member agrees to enroll for a minimum three-year program term. See interruptible program form for requirements and terms.

Type of System

Kilowatts (kW) installed

Make & model

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Central space (boiler or forced air) | _____ | _____ |
| <input type="checkbox"/> Room units | _____ | _____ |
| <input type="checkbox"/> Slab heating system | _____ | _____ |
| <input type="checkbox"/> Other: _____ | _____ | _____ |

Total kilowatts installed: House _____ Garage _____ Other _____

Total kW size _____ Total Rebate amount (\$50.00/kW) _____

Retailer Information:

Retailer/Store Name _____ Location _____

IMPORTANT: Incomplete forms will not be processed

- Equipment must be installed in Arrowhead Electric's service territory.
- Equipment shall be metered separately and controlled by Arrowhead Electric's load management system.
- Member shall enroll in the load management program for a term of no less than three years to be eligible for a heating rebate -early termination will require return of rebate funds.
- Include a copy of the original and dated sales receipt.
- Return completed form and attachments to Arrowhead Electric, PO Box 39, Lutsen, MN 55612.

Rebate will be processed after form is complete and control is confirmed by Arrowhead Electric.

By signing this application, I certify the equipment for which I am claiming a rebate is installed at the address listed above which represents a valid cooperative account.

Member Signature _____ Date _____

5401 West Highway 61 • PO Box 39 Lutsen, MN 55612 • Toll free: 800-864-3744 • Fax: 218-663-7850