2024 Load Management Heating Rebate

represents a valid cooperative account.

Member Signature____



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 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 to qualify for a rebate. Member agrees to enroll for a minimum three-year program term. See interruptible program form for requirements and terms. Kilowatts (kW) installed Make & model Type of System ☐ Central space (boiler or forced air) ☐ Room units ☐ Slab heating system ☐ Other: ☐ Other:_____ Other:____ Other____ 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

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_____ Date____