



# White River Electric Association, Inc.

Date: \_\_\_\_\_

Date Installed: \_\_\_\_\_

Pay to: \_\_\_\_\_ WREA Account # \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Location: \_\_\_\_\_ Owner  Yes  No *Circle One*

## Electric Appliance Rebate Application

**Must be: Energy Star Appliances**

**Energy Star refrigerators and freezers must be full size.**

<input type="checkbox"/>	Refrigerator	_____	Manufacturer
		_____	Model Number
Old Refrigerator Disposal: please check one:		None	<input type="checkbox"/>
		Still in use @ home	<input type="checkbox"/>
		Recycled	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Is this a replacement for working Refrigerator? Yes _____ No _____			

<input type="checkbox"/>	Freezer	_____	Manufacturer
		_____	Model Number
Old Refrigerator Disposal: please check one:		None	<input type="checkbox"/>
		Still in use @ home	<input type="checkbox"/>
		Recycled	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Is this a replacement for working Freezer? Yes _____ No _____			

<input type="checkbox"/>	Clothes Washer - Top Load	_____	Manufacturer
		_____	Model Number
<input type="checkbox"/>	Clothes Washer - Front Load	_____	Manufacturer
		_____	Model Number
<input type="checkbox"/>	Clothes Dryer - Electric	_____	Manufacturer
		_____	Model Number
<input type="checkbox"/>	Clothes Dryer - Hybrid	_____	Manufacturer
		_____	Model Number
<input type="checkbox"/>	Dishwasher	_____	Manufacturer
		_____	Model Number

*Horsepower*

**Submit to White River Electric along with receipt of purchase!**

WREA Member: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(In order to schedule an inspection of installed equipment.)*

**\* REBATES APPLY ONLY TO ITEMS PURCHASED BY WREA MEMBERS, FOR WREA MEMBERS.**

