



**RESIDENTIAL REBATE FORM**

PO Box 216, Colman, SD 57017  
 1-800-234-1960  
 www.siouxvalleyenergy.com

**Important Information Regarding Rebates:**

- ▶ Rebates are available for only Energy Star rated products that are purchased and applied for in the current year.
- ▶ Rebate dollars are limited and will be paid on a first come, first served basis. Each account is eligible to receive one rebate per appliance type.
- ▶ Fill this form out completely. Incomplete forms will not be processed.
- ▶ A copy of proof of purchase/sales receipt must be included. Documentation will not be returned.
- ▶ Appliance rebates only apply to the purchase of an appliance that replaces an existing appliance. An Energy Star label must be submitted and proof of disposal is required for refrigerator and freezer rebates.
- ▶ Rebates will be credited to your electric account.

**APPLICANT INFORMATION**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Map Location:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Daytime#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Member Type:**  Homeowner  Renter  Landlord  Builder  Other: \_\_\_\_\_

*I agree to the terms of the rebate program. I acknowledge that rebates are available only to current Sioux Valley Energy members at locations that receive electricity from the Cooperative.*

**Member Signature** \_\_\_\_\_

**ENERGY STAR APPLIANCE REBATE**

**Refrigerator Rebate - \$50**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a replacement appliance?  Yes  No Copy of disposal receipt included?  Yes  No

Proof of purchase included?  Yes  No Energy Star label included?  Yes  No

Age of appliance being replaced:  Before 1980  1981-1990  1991-1999  2000-2007  2008-present

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**Freezer Rebate - \$50**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a replacement appliance?  Yes  No Copy of disposal receipt included?  Yes  No

Proof of purchase included?  Yes  No Energy Star label included?  Yes  No

Age of appliance being replaced:  Before 1980  1981-1990  1991-1999  2000-2007  2008-present

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**Clothes Washer Rebate - \$50**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a replacement appliance?  Yes  No

Proof of purchase included?  Yes  No Energy Star label included?  Yes  No

Age of appliance being replaced:  Before 1980  1981-1990  1991-1999  2000-2007  2008-present

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**Dishwasher Rebate - \$50**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Is this a replacement appliance?  Yes  No

Proof of purchase included?  Yes  No Energy Star label included?  Yes  No

Age of appliance being replaced:  Before 1980  1981-1990  1991-1999  2000-2007  2008-present

Rebates will be issued only for products on the current list of Energy Star rated products as of the purchase date. To verify Energy Star certification for appliances, visit [www.energystar.gov](http://www.energystar.gov) or call 1-888-STAR-YES. Sioux Valley Energy is not responsible for inaccurate information supplied by appliance dealers. Rebate program is subject to change or be cancelled without notice.

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\*\*For Office Use Only\*\*

Date of Rebate: \_\_\_\_\_ Rebate Amount \$ \_\_\_\_\_ Issued:  Credit on electric account

Authorized By: \_\_\_\_\_ SO# \_\_\_\_\_  East River rebate submitted



## PROOF OF DISPOSAL

In order to receive a refrigerator or freezer rebate, you must provide proof that the existing appliance has been taken out of service and recycled. For your convenience, we have provided a proof of disposal affidavit that your retailer or recycling center can complete for acceptable documentation. A recycling center receipt or official retailer documentation of recycling is also acceptable.

Please check the method for disposal and have your retailer/recycler representative complete.

**Retailer's Affidavit**

**OR**

**Recycler's Affidavit**

### AFFIDAVIT

I hereby certify that \_\_\_\_\_ has purchased a new  
(customer name)  
\_\_\_\_\_ to replace the existing appliance. The existing  
(appliance type)  
unit has been recycled/disposed of pursuant to state law.

Name of Retailer/Recycler: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For More Information Contact:

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