Tillamook People's Utility District

$50 Energy Star Freezer Rebate

REBATE WILL BE APPLIED TO YOUR PUD ACCOUNT

Date_____ **Account No.** _____

Name_____

Mailing Address_____

_____

City **State** **Zip**

Street Address:_____

Manufacturer: _____

Model Number: _____

□ **Upright** □ **Chest**

I certify this appliance was purchased for installation at the above service address in Tillamook People's Utility District service area. I will allow a Tillamook PUD representative to verify its installation.

_____ _____

Buyer's Signature Date

REBATE MUST INCLUDE COPY OF SALES RECEIPT AND BE SUBMITTED WITHIN SIX MONTHS OF PURCHASE

Rebate program is a limited time offer based on availability of funds and is subject to change without notice

---

Rebate Amount $_____ Customer #_____

BPA Contribution $ _____ GL# _____

PUD Contribution $ _____ Approved _____

Date _____

Tillamook People's Utility District

$50 Energy Star Freezer Rebate

REBATE WILL BE APPLIED TO YOUR PUD ACCOUNT

Date_____ **Account No.** _____

Name_____

Mailing Address_____

_____

City **State** **Zip**

Street Address:_____

Manufacturer: _____

Model Number: _____

□ **Upright** □ **Chest**

I certify this appliance was purchased for installation at the above service address in Tillamook People's Utility District service area. I will allow a Tillamook PUD representative to verify its installation.

_____ _____

Buyer's Signature Date

REBATE MUST INCLUDE COPY OF SALES RECEIPT AND BE SUBMITTED WITHIN SIX MONTHS OF PURCHASE

Rebate program is a limited time offer based on availability of funds and is subject to change without notice

---

Rebate Amount $_____ Customer #_____

BPA Contribution $ _____ GL# _____

PUD Contribution $ _____ Approved _____

Date _____