

# Tillamook People's Utility District

## \$50 Energy Star Refrigerator Rebate

REBATE WILL BE APPLIED TO YOUR PUD ACCOUNT

Date \_\_\_\_\_ Account No. \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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PUD Service Address: \_\_\_\_\_

<b>Manufacturer:</b> _____
<b>Model Number:</b> _____

Please check which type refrigerator you purchased:

- |                                       |   |
|---------------------------------------|---|
| Refrigerator <input type="checkbox"/> | Bottom Freezer <input type="checkbox"/> |
| Side-by-Side <input type="checkbox"/> | With Ice Maker <input type="checkbox"/> |
| Top Freezer <input type="checkbox"/>  | No Ice Maker <input type="checkbox"/>   |

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***

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Rebate Amount \$ _____	GL# _____
BPA Reimbursement \$ _____	Approved _____
PUD Contribution \$ _____	Date _____