



RESIDENTIAL REBATE PROGRAM ADVANCED PROGRAMABLE THERMOSTAT

MEMBER INFORMATION

As Shown on Wheatland Bill

First Name: _____ Last Name: _____

Account Number: _____ Phone Number: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Installation Location

Personal Residence Landlord Renter Other _____

Address: _____

City: _____ State: _____ Zip: _____

Submit this signed application along with

Dated Invoice

Mail to: Wheatland Electric
PO Box 230
101 S. Main St.
Scott City, KS 67871

Email to: rebates@weci.net

-Rebate Amount-

50% of unit cost
maximum of \$25 per unit

Other conditions apply. Refer to
Program Manual for details.

*Incomplete rebate forms will not be accepted.
Application must be within 60 days of purchase.*

EQUIPMENT INFORMATION

One Thermostat Two Thermostats

Installation Date: _____

Unit One Brand: _____

Unit One Serial Number: _____

Unit Two Brand: _____

Unit Two Serial Number: _____

ACKNOWLEDGEMENT

By signing this form, the Member affirms that the information reflected here is accurate to the best of his or her knowledge and that the falsification or reporting of incorrect information on this form is grounds for denial of rebate.

Member Signature _____