



RESIDENTIAL REBATE PROGRAM HVAC SYSTEM

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

- AHRI Certificate
- Dated Installation Invoice

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

Email to: rebates@weci.net

-Rebate Amount-
\$200 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 installation.*

CONTRACTOR INFORMATION

Company Name: _____ Contact Name: _____

EIN: _____ State of Incorporation: _____

Phone Number: _____ Email: _____

EQUIPMENT INFORMATION

AC w/Gas Furnace AC w/ Electric Furnace Mini-Split Installation Date: _____

Condenser Model: _____ Condenser Serial Number: _____

Evaporator Model: _____ Evaporator Serial Number: _____

SEER: _____ Tonage: _____

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 _____