



Farmers Electric Cooperative

owned by the people we serve, since 1916

Rebate Form

Date: _____

Account Number: _____

Full Name: _____

Address: _____

City St. Zip: _____

Phone: _____

Rebate Description	Rebate each	Qty	Total Rebate	kwhrs saved		
				pr Mnth Each	pr Year Each	Qty x Yr = Total

Office use		
Reviewed By: _____		
Rebate Total	Date: _____	Amount: _____

- Item(s) must be installed in the year of the grant
- Item(s) must be new,
- Item(s) must be permanently installed at member site.
- Member must be the home owner.

- * Attach photo of installation
- * Attach copy of invoice