



## RESIDENTIAL REBATE PROGRAM HEAT PUMP

### 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-**  
**\$50 per half ton installed**

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

Air Source  Ground Source  Dual-Fuel

Installation Date: \_\_\_\_\_

Heat Pump Model: \_\_\_\_\_ Heat Pump Serial Number: \_\_\_\_\_

Condenser Model: \_\_\_\_\_ Condenser Serial Number: \_\_\_\_\_

Evaporator Model: \_\_\_\_\_ Evaporator Serial Number: \_\_\_\_\_

SEER: \_\_\_\_\_ HSPF: \_\_\_\_\_ Tonnage: \_\_\_\_\_

Back Up Heating System:  Gas or Propane  Electric  Wood  None  Other

### 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 \_\_\_\_\_