

REBATE APPLICATION
Bancroft Municipal Utility

Customer Name: _____

Address: _____

Phone: _____

Appliance Purchased:

Rebate Amount:

\$ _____

\$ _____

Dealer where purchased: _____

Signature of Buyer: _____ Date: _____

*Please attach a copy of the sales receipt, the EnergyStar verification, and this completed form to Bancroft Municipal Utility Office.

FOR OFFICE USE ONLY

Customer Account #

Total Rebate

Date Issued

By