

REBATE APPLICATION
Bancroft Municipal Utility

Customer Name: _____

Address: _____

Phone: _____

Appliance Purchased:

Rebate Amount:

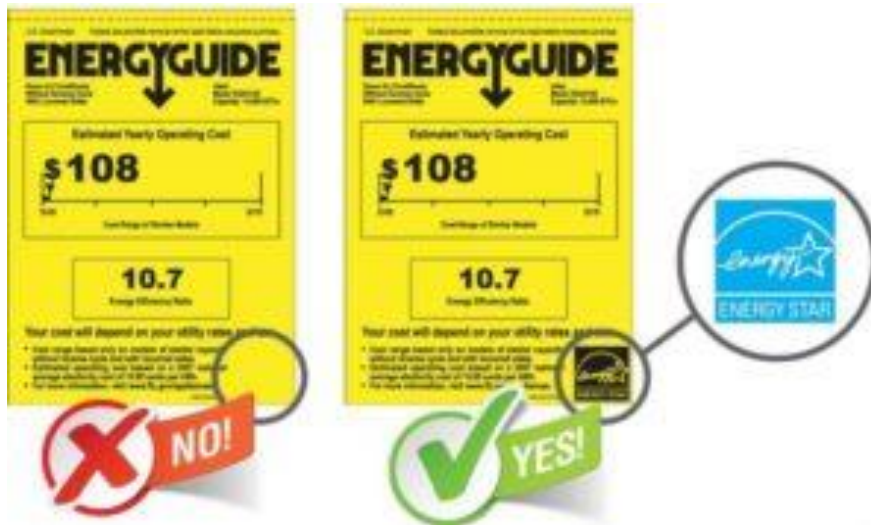
_____ \$ _____

_____ \$ _____

Dealer where purchased: _____

Signature of Buyer: _____ Date: _____

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



FOR OFFICE USE ONLY

Customer Account # _____

Total Rebate _____

Date Issued _____

By _____