



Energy Management Department

928 Hancock Road, Bullhead City, AZ 86442

High Efficiency Heat Pump Rebate Program Rebate Request Form

ATTENTION CUSTOMER: To qualify for a rebate, this completed form and a copy of the equipment sales invoice or purchase order must be returned to Mohave Electric Cooperative. Mail to the attention of Energy Management Department, P.O. Box 1045, Bullhead City, AZ, 86430 or deliver to the customer service office at 928 Hancock Road, Bullhead City, AZ, 86442.

NOTE: THE REBATE APPLIES TO INSTALLATION OF 2 TON OR LARGER SYSTEMS.

Rebate amount is dependent upon SEER rating, information on both inside and outside coils must be supplied for all split systems, if this information is not provided the rebate will be denied.

Application Completion Date _____

Heat Pump Installation Date _____

Customer Information

Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____ Phone: _____

Installation Address: _____

Account Number: _____

Builder/HVAC Contractor Information

Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____ Phone: _____

R.O.C. Number _____

Rebate Payment issued to _____

Mailing Address: _____

City: _____ State _____ Zip: _____ Phone: _____

Home or Business Information

Square feet (living area): _____ Year built: _____
Existing heating system Electric-Resistance Heat Pump
 Natural Gas Propane
Existing Cooling None Central Air
 Heat Pump Evaporative Cooler
Dual Pane Windows Yes No
Water Heater Electric Natural Gas
 Propane
Insulation R-Value Walls _____ Ceiling _____

New Cooling Information

Configuration: Package Split System
Brand Name: _____
SEER Rating _____ HSPF Rating _____
Model Number Condensing Unit(s): _____
Model Number Indoor Unit/Coil(s)*: _____
Tons: _____

Old Equipment Information

(for existing locations)
Configuration: Package Split System
Brand Name: _____
SEER Rating _____ HSPF Rating _____
Condensing Unit(s): _____ Indoor Unit/Coil(s): _____
Tons: _____ Age: _____ SEER Rating: _____

A home or business verification visit may be required for any participant. Please provide a phone number and best time to contact: Phone: _____ Contact time: _____

** SEER rating as established in the ARI Directory will determine rebate amount, failure to provide equipment information will void the rebate.*

QUESTIONS? Call the Energy Management Department at (928) 763-1100 or e-mail energysavings@mohaveelectric.com