Member of Wisconsin Public Power Inc.

New Holstein Utilities

2110 Washington Street
New Holstein, WI 53061
Phone (920) 898-5776
Fax (920) 898-5879
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RESIDENTIAL INCENTIVE APPLICATION

Customer Name	Acct #	Phone Number

Mailing Address	City	State	Zip

Equipment Address	City	State	Zip

Date Purchased/Installed

Product	Brand	Model #	Size	Specifications	Qty	Incentive

I certify that all information presented on this application is correct to the best of my knowledge.
I agree to the terms and conditions of the program as described below.

Customer's Signature Date Utility Representative Signature

1. Customer must provide sales receipt or invoice for the purchase of the product(s). Sales receipt or invoices should include the date of purchase, manufacturer make and model #, or the customer must provide proof of manufacturer make and model # by providing such documentation as the owner's manual, Energy Guide label, product packaging, etc.
2. New Holstein Utilities reserves the right to verify all purchases to ensure the product(s) meets program specifications.
3. Incentives are provided through the utility's Public Benefits program. New Holstein Utilities reserves the right to modify or discontinue the program at any time.
4. Rebates are available only during the calendar year in which the Energy Star® rated product is purchased. Customers purchasing qualified product(s) in December must submit a rebate application by January 31 of the next calendar year.

For Utility Use Only

Date Application Received_____ By_____
Date Application Verified _____ By_____
PB Account Number Check Bill Credit