Tillamook People's Utility District
$50 Energy Star Freezer Rebate

REBATE WILL BE APPLIED TO YOUR PUD ACCOUNT

Date_____ **Account No.** _____

Name_____

Mailing Address_____

_____

City **State** **Zip**

PUD Service Address:_____

Manufacturer: _____

Model Number: _____

I certify this appliance was purchased for installation at the above service address in Tillamook People's Utility District service area. I will allow a Tillamook PUD representative to verify its installation.

_____ _____

Buyer's Signature Date

REBATE MUST INCLUDE COPY OF SALES RECEIPT AND BE SUBMITTED WITHIN SIX MONTHS OF PURCHASE

Rebate program is a limited time offer based on availability of funds and is subject to change without notice

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Rebate Amount $_____ GL# _____

BPA Reimbursement $_____ Approved _____

PUD Contribution $ _____ Date _____