# **ELECTRIC CHILLER CLEAN & TUNE REBATE APPLICATION**

| SECTION A. C  | USTOMER                         | NFOR        | MATION (                     | olease prin      | t)                            |                          |                            |                     |                 |
|---|---------------------------------|-------------|------------------------------|------------------|-------------------------------|--------------------------|----------------------------|---------------------|-----------------|
|   |                                 |             |                              |                  |                               |                          |                            |                     |                 |
| Account Name  |                                 |             |                              |                  | Doing E                       | Business As (if dif      | ferent from Acco           | ount Name)          |                 |
|   |                                 |             |                              |                  |                               |                          |                            |                     |                 |
| Installation Address  |                                 |             |                              |                  | City                          |                          |                            | State               | Zip Code        |
| Mailing Address (if diff  | ferent from above)              | (rebate o   | check will be ma             | iled here)       | City                          |                          |                            | State               | Zip Code        |
|   |                                 | [           | Send us a                    | rebate che       | ck. Apply i                   | rebate to our ac         | count.                     |                     |                 |
| Account Number  |                                 | Į           | (Rebates \$75 a              | nd under will be |                               | ount. If a box is not    |                            | edit will automatic | ally be issued. |
| Type of Business:   | Church                          |             |                              | Grocery          | Health                        | Industrial               | Lodging                    |                     |                 |
|   | Multi-family                    | Office      |                              | Restaurant       | Retail                        | School                   | Other                      |                     |                 |
| How did you hear ab<br>Retailer/Vendor  | oout CONSERVE &<br>Social Media | SAVE™?      | Billboard<br>Utility Newslet |                  | of Commerce<br>Representative | Contractor Utility Web 9 | Newspaper<br>Site Other    | Radio               |                 |
| ,<br>   |                                 |             |                              | •                | •                             |                          |                            |                     |                 |
| SECTION B. C  | CONTACT INI                     | FORM/       | ATION (plea                  | ase print)/      | CUSTOME                       | R SIGNATU                | IRE                        |                     |                 |
| Contact Name (rebate  | YOUR FULLY                      |             |                              | D SIGNED         | APPLICATION                   |                          | Phone Number               | /ILL BE RE          | TURNED          |
| Contact Name (repate  | CHECK WIII DE MANE              | eu to conta | act)                         |                  |                               | Daytime                  | Priorie Number             |                     |                 |
| Email  By typing my first and la is correct to the best of conjunction with this ap | f my knowledge. I ha            | ve read an  | nd agree to the Te           | erms and Cond    | itions on the back            | of this application      | booklet. I under           | stand that if any   | equipment in    |
| Customer's Signature  |                                 |             |                              |                  |                               |                          |                            | Date                |                 |
| Check here if you   | DO NOT give us                  | permissio   | on to use your               | business na      | me in advertisir              | ng our CONSERV           | 'E & SAVE <sup>™</sup> pro | grams.              |                 |
| SECTION C. C  | ONTRACTO                        | R/VEN       | NDOR INF                     | ORMATIC          | N (please p                   | rint)                    |                            |                     |                 |
|   |                                 |             |                              |                  |                               |                          |                            |                     |                 |
| Company Name  |                                 |             |                              |                  |                               |                          |                            |                     |                 |
| Address   |                                 |             |                              |                  | City                          |                          |                            | State               | Zip Code        |
| Contact Name  | ne Daytime Phone Number         |             |                              |                  |                               |                          |                            |                     |                 |
| Email   |                                 |             |                              |                  |                               |                          |                            |                     |                 |
| I certify that the ind<br>all information I pro                                     |                                 |             |                              |                  |                               | the Terms and (          | Conditions of t            | the program. I      | certify that    |
| Contractor's Signature  | <u> </u>                        |             |                              |                  |                               |                          |                            | Date                |                 |

## **TEAMING UP TO SAVE YOU MONEY**









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### SECTION D. REBATE INFORMATION – New chillers do not qualify for this rebate.

| EQUIPMENT INFORMATION (please submit a separate page for each cooling unit) |                  |                            |                   |              |               |  |
|---|------------------|----------------------------|-------------------|--------------|---------------|--|
| А   | В                | С                          | D                 | E            | F             |  |
| Code (Table 1)  | System Type*     | Chiller Type               | Manufacturer Name | Model Number | Serial Number |  |
|   | PATH A<br>PATH B | Water Cooled<br>Air Cooled |                   |              |               |  |

<sup>\*</sup>PATH A Chiller: fixed speed/no demand limiting PATH B Chiller: variable speed/demand limited

| G   | Н                          | I                          | J                           | К  |
|---|----------------------------|----------------------------|-----------------------------|--|
| Date of Tune-Up<br>(one every five years) | Cooling Hours<br>(Table 2) | Cooling Capacity<br>(Tons) | Rebate per Ton<br>(Table 1) | Total Rebate (I x J) (not to exceed cost of tune-up) |
|   |                            |                            |                             |  |

#### TECHNICIAN: Please sign the front of this application to certify all checklist items have been completed!

| SERVICE CHECKLIST (all services listed below must be performed: notes/comments can be provided below) |  |  |  |  |  |
|---|--|--|--|--|--|
| Clean condenser coil/tubes  |  |  |  |  |  |
| Check cooling tower for scale or buildup  |  |  |  |  |  |
| Check contactors condition  |  |  |  |  |  |
| Check evaporator condition  |  |  |  |  |  |
| Check low-pressure controls   |  |  |  |  |  |
| Check high-pressure controls  |  |  |  |  |  |
| Check filter and replace as needed  |  |  |  |  |  |
| Check belt and replace as needed  |  |  |  |  |  |
| Check crankcase heater operation  |  |  |  |  |  |
| Check economizer operation  |  |  |  |  |  |
| Additional notes/comments:  |  |  |  |  |  |
|   |  |  |  |  |  |

| TABLE 1 – CODES & REBATES |  |                   |  |  |  |
|---------------------------|--|-------------------|--|--|--|
| Code                      | Equipment  | Rebate<br>per Ton |  |  |  |
| CTU1-20                   | Water Cooled Screw/Scroll Chiller < 75 Tons        | \$3               |  |  |  |
| CTU2-20                   | Water Cooled Screw/Scroll Chiller ≥ 75 < 150 Tons  | \$3               |  |  |  |
| CTU3-20                   | Water Cooled Screw/Scroll Chiller ≥ 150 < 300 Tons | \$3               |  |  |  |
| CTU4-20                   | Water Cooled Screw/Scroll Chiller ≥ 300 Tons       | \$3               |  |  |  |
| CTU5-20                   | Water Cooled Centrifugal Chiller < 150 Tons        | \$3               |  |  |  |
| CTU6-20                   | Water Cooled Centrifugal Chiller ≥ 150 < 300 Ton   | \$3               |  |  |  |
| CTU7-20                   | Water Cooled Centrifugal Chiller ≥ 300 < 600 Tons  | \$3               |  |  |  |
| CTU8-20                   | Water Cooled Centrifugal Chiller ≥ 600 Tons        | \$3               |  |  |  |
| CTU9-20                   | Air Cooled Chiller < 150 Tons                      | \$5               |  |  |  |
| CTU10-20                  | Air Cooled Chiller ≥ 150 Tons                      | \$5               |  |  |  |

| TABLE 2 – GUIDELINES FOR COLLING HOURS   |           |  |  |  |
|--|-----------|--|--|--|
| Business Type                            | Est Hours |  |  |  |
| Convenience Store                        | 986       |  |  |  |
| Education – Community College/University | 785       |  |  |  |
| Education – Primary                      | 408       |  |  |  |
| Education - Secondary                    | 563       |  |  |  |
| Health/Medical - Clinic                  | 865       |  |  |  |
| Health/Medical - Hospital                | 1,298     |  |  |  |
| Lodging                                  | 754       |  |  |  |
| Manufacturing                            | 589       |  |  |  |
| Office - Low Rise                        | 446       |  |  |  |
| Office - Mid Rise                        | 651       |  |  |  |
| Office - High Rise                       | 1,263     |  |  |  |
| Other/Miscellaneous                      | 729       |  |  |  |
| Restaurant                               | 652       |  |  |  |
| Retail – Large Department Store          | 686       |  |  |  |
| Retail - Strip Mall                      | 574       |  |  |  |
| Warehouse                                | 409       |  |  |  |

### **SECTION E. TERMS AND CONDITIONS**

- 1. ELIGIBILITY: Rebates are available to non-residential electric customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory. Only one tune-up rebate per chiller every five years. New chillers are ineligible for rebate.
- 2. APPLICATION: Program is offered January 1 through December 31 of the respective calendar year. Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-served basis. The entire rebate application must be read and filled out completely or application will be returned.
- INSPECTION AND VERIFICATION: The Utility and/or its designees reserve the right to review projects to verify completion and to ensure compliance with all program requirements. Misrepresentation of service location, measure eligibility, or implementation of services may result in forfeiture of the rebate and exclusion from the program.
- 4. INVOICE AND PAYMENT: When the tune-up is completed, the Customer must submit this completed application along with a copy of the invoice to The Utility. Invoice must include customer name, address, and date of service. After satisfactory review of the application and invoices, a rebate check or bill credit will be issued to the Customer. Please allow 60 days from the date of receipt by Utility for delivery of payment.
- 5. EQUIPMENT AND REBATE ELIGIBILITY REQUIREMENTS: Rebate amount cannot exceed tune-up cost.
  - All information in this application for the requested rebate as well as customer and technician signature must be completed. Only complete applications will be processed.
  - Tune-up must be performed on an electric chiller between April 1 and Sept 30 of the respective calendar year.
  - Tune-up must include all services listed under the Service Checklist.
  - Tune-up must be performed by a licensed and insured heating/cooling contractor.
  - The chiller must be in working condition (this rebate program is for tune-ups only; not for repairs).
- 6. TAX INFORMATION: The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors
- 7. DISCLAIMER: The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at 800.657.3864.
- 8. ENDORSEMENT: The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.
- PRIVACY: Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners and also may be used in our advertising efforts with your permission as granted in Section B of this rebate application.

### MAIL OR EMAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

**Austin Utilities** Attn: Rebate Processing 1908 14th St NE Austin, MN 55912-4904

507-433-8886 www.austinutilities.com rebates@austinutilities.com

**Owatonna Public Utilities** Attn: Rebate Processing PO Box 800 Owatonna, MN 55060 507-451-2480 www.owatonnautilities.com rebates@owatonnautilities.com **Rochester Public Utilities** Attn: Rebate Processing 4000 E River Rd NE Rochester, MN 55906-2813 507-280-1500 www.rpu.org rebates@rpu.org