

# CONSERVE & \$SAVE™

## COMMERCIAL GUEST ROOM ENERGY MANAGEMENT SYSTEM REBATE APPLICATION

### SECTION A. CUSTOMER INFORMATION (please print)

Account Name \_\_\_\_\_ Doing Business As (if different from Account Name) \_\_\_\_\_

Installation Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) (rebate check will be mailed here) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

**Send us a rebate check.      Apply rebate to our account.**  
(Rebates \$75 and under will be applied to your account. If a box is not checked a bill credit will automatically be issued.)

**Type of Business:**    Church                      Government                      Grocery                      Health                      Industrial                      Lodging  
                                  Multi-family                      Office                      Restaurant                      Retail                      School                      Other \_\_\_\_\_

**How did you hear about CONSERVE & SAVE™?**    Billboard                      Chamber of Commerce                      Contractor                      Newspaper                      Radio  
                                  Retailer/Vendor                      Social Media                      TV                      Utility Newsletter                      Utility Representative                      Utility Web Site                      Other \_\_\_\_\_

### SECTION B. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

**ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.**

Contact Name (rebate check will be mailed to contact) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

By typing my first and last names in the box below, I am signing this document and certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if you DO NOT give us permission to use your business name in advertising our CONSERVE & SAVE™ programs.

### SECTION C. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

#### TEAMING UP TO SAVE YOU MONEY



#### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Inspected (Date & Initials): Pre: \_\_\_\_\_ Post: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

A/N: \_\_\_\_\_

**TOTAL REBATE:**  
\$ \_\_\_\_\_

## SECTION D. REBATE INFORMATION

**Project Type:**      **New Construction**                      **Retrofit**

| GUEST ROOM ENERGY MANAGEMENT SYSTEM |                   |   |  |  |  |                   | REBATE  |                           |
|-------------------------------------|-------------------|---|--|--|--|-------------------|---|---------------------------|
| A<br>Manufacturer Name              | B<br>Model Number | C<br>Total Number of Controlled Guest Rooms | D<br>Guest Room Heating System Type (select one) | E<br>Guest Room Cooling System Type (select one) | F<br>Is Lighting Controlled by EMS? (select one) | G<br>Project Cost | H<br>Rebate per Controlled Guest Room (Table 1) | I<br>Total Rebate (C x H) |
|                                     |                   |   | Electric Heat                                    | PTAC   | No   |                   |   |                           |
|                                     |                   |   | Heat Pump  | PTHP   | Yes  |                   |   |                           |
|                                     |                   |   | Natural Gas                                      | Chilled Water Fan Coil                           |  |                   |   |                           |

**TABLE 1 – Rebate Schedule**

| Controlled Heating/Cooling System Type          | Rebate per Controlled Guest Room |
|---|----------------------------------|
| Electric/Heat Pump Heating and Electric Cooling | \$65                             |
| Natural Gas Heating and Electric Cooling        | \$25                             |

PTAC = Packaged Terminal Air Conditioner  
 PTHP = Packaged Terminal Heat Pump  
 EMS = Energy Management System

**Note:** Only occupancy sensor controlled guest room energy management systems qualify for a rebate. See terms and conditions for other requirements.

## 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.

**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.

**3. INSPECTION AND VERIFICATION**

The Utility reserves the right to inspect the customer's facility through on-site visits before and after new equipment installation to verify rebate eligibility. The Utility reminds you to follow all local permitting and building code ordinances.

**4. INSTALLATION AND REBATE AMOUNTS**

Qualifying energy-efficient equipment installed and operational within six (6) months of the date of purchase are eligible for rebate. Additional time may be granted subject to the Utility's pre-approval. In no case will the rebate paid by The Utility exceed the purchase price of the equipment. The maximum rebate amount is \$100,000 per customer location per technology per year.

**5. INVOICE AND PAYMENT**

Following inspection and verification (see #3) and completed installation, the customer must notify The Utility and submit original invoices specifying the model number, quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. Additionally, if the new equipment is not listed on the Qualifying Equipment Tables but meets the efficiency requirements for that equipment, sufficient data must be provided to prove that it qualifies. After satisfactory review of the application and invoices, a rebate check or bill credit will be issued to the customer. Vendors or contractors are not eligible to receive their customer's rebate. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit. The Utility reserves the right to apply the rebate to past due accounts.

**6. EQUIPMENT ELIGIBILITY REQUIREMENTS**

Eligible equipment must be new. Replacement or upgrades of existing guest room control systems are not eligible for this prescriptive rebate. Only occupancy sensor controlled guest room energy management systems qualify for a rebate. At a minimum, the system must be used to automatically control the operation of the guest room heating/cooling equipment when the room is vacant (automatic control of the lighting is optional).

**7. 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 for details.

**8. 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.

**9. 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.

**10. 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](http://www.austinutilities.com)  
[rebates@austinutilities.com](mailto:rebates@austinutilities.com)

**Owatonna Public Utilities**  
 Attn: Rebate Processing  
 PO Box 800  
 Owatonna, MN 55060  
 507-451-2480  
[www.owatonnautilities.com](http://www.owatonnautilities.com)  
[rebates@owatonnautilities.com](mailto:rebates@owatonnautilities.com)

**Rochester Public Utilities**  
 Attn: Rebate Processing  
 4000 E River Rd NE  
 Rochester, MN 55906-2813  
 507-280-1500  
[www.rpu.org](http://www.rpu.org)  
[rebates@rpu.org](mailto:rebates@rpu.org)