



Energy Efficiency Credit
Application/Certification
**ENERGY EFFICIENT
APPLIANCES**

Today's Date: _____

Date Equipment Installed: _____mm/dd/yyyy

Member System: Southeast Colorado Power Association

Consumer Name: _____

Phone: _____

Account Number: _____

Consumer Address: _____

City: _____

State: _____

Zip: _____

Type of Energy Efficient Appliance: _____

Manufacturer: _____

Model No.: _____

Energy Star Rated: Yes No Replacement of working appliance: Yes No

Proof of Purchase Required: Yes No Refrigerator / Freezer Recycle Only:
If Yes, provide proof

Comments: _____

REBATE NOT VALID 180 DAYS AFTER PURCHASE

Please use separate form for each EEC Request