



Outdoor Power Equipment Rebate

Date Installed: _____

Member (Customer): _____

Account Number: _____

Installation Address: _____

City: _____ State: _____ Zip Code: _____

Equipment Purchase Date: _____

(Circle one or as many apply)

Mower cost: _____

Riding Mower cost: _____

Snow Blower cost: _____

Trimmer cost: _____

Chainsaw cost: _____

Pruner cost: _____

Leaf Blower cost: _____

E-Bike cost: _____

Power Washer cost: _____

Additional Battery

w/equipment cost: _____

Total equipment cost: _____

Did you include a copy of the itemized receipt?..It's required to process this rebate*