

# Electric Heat Rebate

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

## Heating Unit Information

Make \_\_\_\_\_ Model \_\_\_\_\_

Size in Tons \_\_\_\_\_ SEER \_\_\_\_\_

KW \_\_\_\_\_ Installation Date \_\_\_\_\_

Installer/Contractor \_\_\_\_\_

Heat Meter Installed      YES      NO

Please submit a copy of the invoice from the installer  
along with this form and return to:

Butte Electric Cooperative  
PO Box 137  
Newell SD 57760

# Butte Electric Cooperative

PO Box 137 Newell SD 57760-0137  
www.butteelectric.com 1-800-928-8839  
605-456-2494 605-456-2496 - fax