



Glencoe Light and Power Commission Residential Appliance Turn-In Customer Information – 2024

Customer Information

Customer Name: _____ Installation Date: _____

Email Address: _____ Phone: _____

Utility Account Number: _____

Installation Address: _____

City: Glencoe State: MN Zip Code: 55336

How did you hear about our incentive program? _____

Vendor/Contractor Information

Company Name: _____

Contact Name: _____

Email Address: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

For Office Use Only:

Date: _____ Check Number: _____

Utility Signature: _____ Rebate Amount: _____

To Apply for a Rebate

1. Determine Eligibility

2. Install Equipment:

- a) Only new equipment qualifies for a rebate; old equipment must be removed and disposed of properly and must not be installed elsewhere.

3. Complete and sign the application

- a) Attach copies of all project invoices, including labor costs and ALL required documentation.

4. Submit completed application to:

**Glencoe Light and Power
Commission**

or

Energy Management Solutions, Inc.

305 11th Street East
Glencoe, MN 55336
Phone: (320) 864-5184
Fax: (320) 864-4328

PO Box 255
Excelsior, MN 55331
Phone: (855) 296-3669
Fax: (952) 556-9171

Certifications and Signature I

hereby certify that:

1. The information contained in this application is accurate and complete.
2. All installation is complete and the unit(s) is operational prior to submitting application.
3. All rules of this incentive program have been followed.
4. I have read and understand the terms and conditions included with this document.
5. Any old equipment that was replaced has been properly disposed of or recycled in accordance with applicable State and Federal regulations. Replaced equipment must not be reused or sold for use in another location.

The customer agrees to verification of equipment installation which may include a site inspection by a program or utility representative. The customer understands that it is not allowed to receive more than one incentive from this program on any one piece of equipment. The customer agrees to indemnify, defend, hold harmless and release the utility from any claims, damages, liabilities, costs and expenses (including reasonable attorneys' fees) arising from or relating to the removal, disposal, installation, or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special, or consequential damages.

Please sign and complete all information in this application.

Printed Name: _____

Date: _____

Customer Signature: _____

Energy Management Solutions, Inc.
www.EMSenergy.com (952) 767-7450





Glencoe Light and Power Commission Residential Appliance Turn-In – 2024

Receive a rebate when you recycle your old, inefficient refrigerator and/or room air conditioner.

**Unit must be in working condition*

REFRIGERATOR/FREEZER		Rebate: \$35.00/ unit
Manufacturer's Name: _____	Quantity: _____	
Model Number: _____	Date of Drop-Off: _____	
Recycler Signature: _____		
Did you purchase a replacement refrigerator? _____ (Yes/No)		

ROOM AIR CONDITIONER		Rebate: \$25.00/ unit
Manufacturer's Name: _____	Quantity: _____	
Model Number: _____	Date of Drop-Off: _____	
Recycler Signature: _____		
Did you purchase a replacement Air Conditioner? _____ (Yes/No)		



Glencoe Light and Power Commission Proof of Demanufacturing - 2024

Required for the Glencoe Light and Power Commission Appliance Trade-in Program

NOTE: This form must be completed by the party responsible for ensuring that the old unit will be turned over to an appliance recycler. (This form cannot be completed by the consumer.)

Consumer's Name: _____

Address Appliance was Removed From: _____

Glencoe L&P Account Number: _____

Appliance to be Turned-In: _____

Appliance Manufacturer: _____ Model Number: _____

Serial Number: _____

Appliance Haul-Off/Drop-Off Date: _____

Recycler Responsible for Demanufacturing: _____

Reference Number: _____
(If Applicable)

By signing the following, I certify under penalty of law that this appliance will be turned over to a licensed recycler and removed from the grid (not resold or reused). The appliance will be fully decommissioned, including refrigeration and mercury components and refrigerants and CFCs recycled following federal, state and local laws. I attest that the following information is accurate and verify that this appliance was turned in by the resident listed on this rebate application. I am aware that penalties may apply for supplying false information.

Signature of person hauling off/receiving appliance: _____

Company Name: _____

NOTE to Consumer:

1. This Proof of Demanufacturing must be attached to your rebate request.
2. If utility hauler is not able to haul away your old unit within 30 days, please provide TOC or reference number provided by the recycler, the scheduled haul off date and utility name. A call will be made to the utility/recycler to verify information prior to rebate payment.

Energy Management Solutions, Inc.
www.EMSenergy.com (952) 767-7450

