

ENERGY WISE

for your Home



Save \$50 on qualifying ECM Motors.

How to Apply for Rebate

1. Applications must be submitted by December 31, 2020.
2. Fill out this form completely, sign, and date it. Incomplete forms cannot be processed.
3. Attach an itemized invoice/receipt for the project.
4. Mail or fax completed rebate form and copy of receipt to Connexus Energy: Fax: 763.323.2603 Mail: 14601 Ramsey Blvd., Ramsey, MN 55303
5. Rebate will be issued as a credit on your Connexus Energy bill upon verification of installation, unless specified otherwise.
6. Please allow 6-8 weeks for processing.
7. NOTE: Rebates are not available on products financed through the Center for Energy & Environment (CEE).
8. Rebates available under the Connexus Energy rebate program are offered on a first-come, first-served basis, and are subject to the project or member eligibility, and the availability of funds.



connexusenergy.com
763.323.2650

ECM Motor Rebate Rev. 2/20

2020 ECM MOTOR REBATE

Rebate Qualifications

- Rebate amount is \$50 per qualifying Air Source Heat Pump, Ground Source Heat Pump, or for a replacement ECM.

Member Information

Name on Account _____
Connexus Energy Account # _____ - _____ Phone _____
Installation Address _____
City _____ State _____ Zip _____
Email Address _____
Member Type Homeowner Landlord Builder Renter Other

Member hereby certifies that 1) the member is solely responsible for the accuracy of the application information; 2) all installation is complete and operational prior to submitting this application; 3) acknowledges that nothing contained in the application shall impose any liability on Connexus Energy for any work performed or information presented by the member's engineer, contractor or vendor; 4) Connexus reserves the right to verify performed work.

Signature _____ Date _____

Equipment Information

Manufacturer _____ Model # _____
AHRI # _____
Serial # _____
Type of Installation
 New ECM only (installed in existing furnace)
 Replaces standard motor
 Replaces defective ECM

Vendor Information

Company _____ Phone _____
Address _____
City _____ State _____ Zip _____
Contact Name _____
Date of Installation _____
Email Address _____