

City of Sumas  
PO Box 9  
433 Cherry St.  
Sumas, WA 98295

**ENERGY EFFICIENT APPLIANCE REBATE PROGRAM**

PLEASE FILL OUT ALL APPLICABLE SECTIONS BELOW

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name, Address, and Customer Utility Account where appliance was installed.

\_\_\_\_\_  
\_\_\_\_\_

Appliance Brand Name: \_\_\_\_\_

Appliance Type: \_\_\_\_\_

Model Number: \_\_\_\_\_

I certify that this appliance was purchased for installation at the above address. I will allow a representative of my utility to verify installation of appliance.

\_\_\_\_\_  
BUYERS SIGNATURE

Please turn this form in or mail it along with a copy of the paid receipt and the energy guide label from the appliance. Your rebate check will be mailed to you within two weeks.

Authorized by:

\_\_\_\_\_  
UTILITY REPRESENTATIVE SIGNATURE