

INDIANOLA MUNICIPAL UTILITIES



Electric • Network Services • Water

## **Installing a New Heat Pump? Meet IMU's Efficiency Standards and Receive a Rebate!**

### **Indianola Municipal Utilities Heat Pump Rebate Program**

Install a qualifying energy efficient heat pump in your home or business and Indianola Municipal Utilities will apply a credit to your city utility account! The unit must have a 14 SEER (Seasonal Energy Efficiency Ratio) or higher.

In addition, All Electric Heat customers who install heat pumps may be eligible for a \$0.30 per square foot rebate on attic insulation installed to a minimum R-40 value. Homes must be at least 10 years old with existing insulation levels less than or equal to an R-24.

### **Rebate Amount for Qualifying Units:**

\$200 Utility Account Credit per 14 SEER unit; \$100 for each additional SEER up to a \$500 maximum; 10 unit maximum per customer per \*program year.

### **Qualifications:**

- Heat pump must be installed in a residence/business served by IMU electricity.
- Heat pump must have a 14 SEER or higher.
- Heat pump must be properly sized for the home.
- \*The IMU program year begins July 1 and ends on June 30.

### **Application Requirements:**

- Completed and signed rebate form.
- Itemized invoice providing the purchase date, make, model and SEER of the unit.
- Application and invoice *must be* received within six months of purchase date.

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## **HEAT PUMP REBATE**

Customers are required to complete and sign this application form. Please attach a copy of the itemized invoice from the contractor and return to IMU at the address indicated below. IMU reserves the right to deny applications where the cost exceeds the benefit in terms of increased efficiencies.

### **CUSTOMER INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Installation Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Zip: \_\_\_\_\_

### **CONTRACTOR/DEALER INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

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

Size and SEER: \_\_\_\_\_

Installation Date: \_\_\_\_\_

**Return Completed Application Form to:**

Indianola Municipal Utilities

111 South Buxton Street

P.O. Box 356

Indianola, IA 50125