

# ROCKVILLE CENTRE PEAK SAVERS

## APPLIANCE PROGRAM 2023-2024



ACCOUNT NUMBER	FIRST NAME	LAST NAME		
INSTALLATION ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS: WHERE REBATE CHECK SHOULD BE SENT IF DIFFERENT THAN INSTALLATION ADDRESS				
EMAIL		MOBILE/HOME PHONE		
BUSINESS NAME (COMMERCIAL ACCOUNTS ONLY)		BUSINESS CONTACT NAME/TITLE		
CONTRACTOR NAME		PHONE	EMAIL	
CONTRACTOR ADDRESS		CITY	STATE	ZIP CODE
INSTALLATION COMPLETION DATE		<input type="checkbox"/> CHECK HERE IF EQUIPMENT WAS SELF INSTALLED		

### BUILDING TYPE RESIDENTIAL

- |   |  |
|---|--|
| <input type="checkbox"/> MULTI-FAMILY (5 UNITS OR MORE) | <input type="checkbox"/> SINGLE FAMILY           |
| <input type="checkbox"/> TOWNHOME/CONDO                 | <input type="checkbox"/> DUPLEX/TRIPLEX/FOURPLEX |

### BUILDING TYPE COMMERCIAL

- |                                  |                                    |                                 |                                     |
|----------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> SCHOOL  | <input type="checkbox"/> WAREHOUSE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> COLLEGE | <input type="checkbox"/> GROCERY   | <input type="checkbox"/> OFFICE | <input type="checkbox"/> HOSPITAL   |

### ROCKVILLE CENTRE ELECTRIC CUSTOMER TYPE:

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> OWNER OCCUPIED | <input type="checkbox"/> LANDLORD | <input type="checkbox"/> TENANT |
|---|-----------------------------------|---------------------------------|

### HOW DID YOU LEARN ABOUT THE ROCKVILLE CENTRE PEAK SAVERS APPLIANCE PROGRAM?

- |  |   |                                     |                                   |
|--|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> CONTRACTOR      | <input type="checkbox"/> BILL INSERT              | <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> RETAILER |
| <input type="checkbox"/> RELATIVE/FRIEND | <input type="checkbox"/> ROCKVILLE CENTRE WEBSITE | <input type="checkbox"/> OTHER      |                                   |

### ELIGIBILITY REQUIREMENTS (PLEASE ALLOW UP TO 6 WEEKS FOR PROCESSING.)

1. CUSTOMERS MUST BE A ROCKVILLE CENTRE ELECTRIC RESIDENTIAL OR COMMERCIAL ACCOUNT OWNER. ALL CUSTOMER APPLICATIONS ARE SUBJECT TO APPROVAL BY RVC PEAK SAVERS.
2. ALL RESIDENTIAL EQUIPMENT MUST BE LISTED BY ENERGY STAR® IN ORDER TO BE ELIGIBLE. ALL COMMERCIAL EQUIPMENT MUST MEET TRM REQUIREMENTS. SEE PAGE 2 OF APPLICATION FOR DETAILS.
3. COPIES OF THE COMPLETED AND SIGNED ROCKVILLE CENTRE PEAK SAVERS APPLIANCE PROGRAM APPLICATION, **FINAL ITEMIZED INVOICES WITH MAKE, MODEL AND QUANTITY**, AND W-9 FORMS (COMMERCIAL ACCOUNTS ONLY) MUST BE SUBMITTED TO [INFO@RVCPEAKSAVERS.COM](mailto:INFO@RVCPEAKSAVERS.COM). OR MAIL THE DOCUMENTS TO :

**ROCKVILLE CENTRE PEAK SAVERS**  
**1377 MOTOR PARKWAY, SUITE 401**  
**ISLANDIA, NY 11749**

4. REBATE AVAILABILITY IS SUBJECT TO PROGRAM FUNDING AND AVAILABLE ON A FIRST COME, FIRST SERVED BASIS.
5. ALL PROJECTS MAY BE SUBJECT TO PRE AND/OR POST INSPECTION.
6. REBATE MUST NOT EXCEED THE EQUIPMENT COST.

**FOR MORE INFORMATION ABOUT ROCKVILLE CENTRE PEAK SAVERS, PLEASE CALL US 866-314-9611 OR EMAIL [INFO@RVCPEAKSAVERS.COM](mailto:INFO@RVCPEAKSAVERS.COM)**

NAME	SIGNATURE
DATE	

# ROCKVILLE CENTRE PEAK SAVERS

## APPLIANCE PROGRAM 2023-2024



Please complete all information for the installed equipment.

Required information must be completed and submitted as part of the application to be eligible for a rebate.

### RESIDENTIAL APPLIANCES

ENERGY STAR® AIR PURIFIER: **REBATE \$100**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR DEHUMIDIFIER: **REBATE \$100**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR CLOTHES DRYER: **REBATE \$100**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR DISHWASHER: **REBATE \$150**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR CLOTHES WASHER: **REBATE \$200**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR FREEZER: **REBATE \$100**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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ENERGY STAR REFRIGERATOR: **REBATE \$200**

MODEL NUMBER	SERIAL NUMBER	COST PAID	QUANTITY
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### COMMERCIAL APPLIANCES

COOLER AND FREEZER DOOR STRIP : **REBATE \$150**

**REFRIGERATION ELIGIBILITY REQUIREMENT:**

**THE EFFICIENT EQUIPMENT IS A STRIP CURTAIN AT LEAST 0.06 INCHES THICK ADDED TO A WALK-IN COOLER OR FREEZER.**

**THE NEW STRIP CURTAIN MUST COVER THE ENTIRE AREA OF THE DOORWAY WHEN THE DOOR IS OPENED (SOURCE: IL TRM V10).**

MODEL NUMBER	MANUFACTURER	COST PAID	QUANTITY
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AUTOMATIC DOOR CLOSER FOR WALK-IN COOLER/FREEZER : **REBATE \$250**

**ELIGIBILITY REQUIREMENT:**

**THE AUTO-CLOSER MUST FIRMLY CLOSE THE DOOR WHEN IT IS WITHIN ONE INCH OF FULL CLOSURE (SOURCE: NYS TRM V9).**

MODEL NUMBER	MANUFACTURER	COST PAID	QUANTITY
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