

Rebates will be issued only for NEW appliances. Rebates will be paid until funds are depleted and will be granted on a first-come, first-serve basis. Submit this completed form with the required documentation to the Michigan Propane Commission to the address provided (bottom). To apply for this rebate:

Internal Use Only:

ET  DD  ED

1. Complete this application in its entirety (2 pages).
2. Include a copy of the paid receipt or invoice (must be purchased January 1, 2022 - December 31, 2022. Must include information on the company installing the appliance. Appliance purchase before January 1, 2022 are not eligible for this program.
3. Submit proof that the water heater is an Energy Star appliance. Proof should be a photo of the Energy Star label or Energy Star documentation provided with the appliance.

 **1. APPLIANCE INFORMATION**

- Water Heater (replacing electric) \$150       Water Heater (new install) \$150       Water Heater (replacing propane) \$100  
 Propane Boiler (replacing electric) \$150       Propane Boiler (new install) \$150       Propane Boiler (replacing propane) \$100

- Reason for replacement:       New Home/Remodel       Appliance Upgrade       Replace Malfunctioning Unit  
 Type of home:       Site-Built Home       Manufactured Home  
 Type of appliance being replaced:       Electricity       Propane       Oil Heat

*Note: All combined/dual fuel furnaces and combined dual fuel water heaters are excluded from participation in the rebate program.*

Appliance Brand \_\_\_\_\_ Serial No. \_\_\_\_\_

 **2. CONSUMER/APPLICANT INFORMATION**  
*(where rebate will be mailed)*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Propane Company \_\_\_\_\_

How did you learn about the rebate:     Social Media     Website     My Propane Retailer     My Builder     Other \_\_\_\_\_

*Note: Checks not cashed within 90 days will expire and will not be reissued. Allow 4-6 weeks for rebate checks to be processed.*

 **3. LICENSED WATER HEATER INSTALLER INFORMATION**

Name \_\_\_\_\_ License # \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please complete next page >>**

