■ ELECTRIC WATER HEATER

APPLICATION



Please complete a	ll fields		
Member's Name :		Phone:	_
Address:			\$150
City:	State :	ZIP:	4130
	, I certify that the water heater for whostalled at the address listed above, nt.	_	REBAT
Member Signature:		Date:	
Water Heater Info	rmation		
Manufacturer:		Model #:	
Size (in gallons):	Elements (watts):	Energy Factor (must be 90% or higher):	
installed in new homes	te, water heaters must be purcha s are not eligible.	sed to replace an existing water	heater. Water heaters
Replacement of:			

Return Application & Copy of Purchase Receipt to:

Propane

Member Services Dept.
Washington Electric Cooperative
P.O. Box 800
Marietta, OH 45750

Electric Natural Gas

REBATE WILL BE APPLIED TO MEMBER'S ELECTRIC BILL