## ELECTRONICALLY COMMUTATED MOTORS (ECM)

Visually inspected? ☐ Yes ☐ No



**REBATE APPLICATION 2024** Office Use: Pre-Request Number\_ **CUSTOMER INFORMATION** \_\_\_\_\_\_ OTP Account #:\_\_\_\_ Name:\_\_\_\_ Mailing Address: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_ Address of Installation: \_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_ Contact Person:\_\_\_\_\_\_ Phone:\_\_\_\_\_ Email Address: INSTALLATION INFORMATION Installing Contractor: Installation Date: Mailing Address: City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_ Email Address:\_\_\_\_\_ Phone:\_\_\_\_\_ Est. Annual Electric Service Bill: Project Cost:\_\_\_\_ Replacement Type Manufacturer **Model Number** HP\* Quantity New / replacement of non-operating Replacement of operating □ New / replacement of non-operating Replacement of operating ☐ New / replacement of non-operating Replacement of operating ☐ New / replacement of non-operating Replacement of operating ☐ New / replacement of non-operating Replacement of operating ☐ New / replacement of non-operating Replacement of operating ■ New / replacement of non-operating Replacement of operating \*Qualifying sizes include 0.125 to 1.5 horsepower (HP) ECMs. **CUSTOMER ACKNOWLEDGEMENT** I certify that I have purchased the equipment described on this form and that it is installed at the installation address indicated. I agree to the rebate terms and conditions on the reverse side of this page or listed on Otter Tail Power Company's website at otpco.com/WaysToSave. **Customer Signature:** OFFICE USE ONLY EMR/ISE Approval: \_\_\_\_\_\_ Send check to customer

Send check to:\_\_\_\_\_