

2024-2026 Electronically Commutated Motors (ECM) Rebate



Customer Information

Name: _____ OTP Account #: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Address of Installation: _____
 City: _____ 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
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> Replacement of operating				
<input type="checkbox"/> New / replacement of non-operating <input type="checkbox"/> 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: _____ Date: _____