



Medical Device Power Backup Program Up to \$200 Rebate Application

Customer Information

Name _____ Phone # _____
 Mailing Address _____ City _____ Zip _____
 Account # _____
 Service Address _____ City _____

Medical Device Power Backup Information

Backup Type			Purchased From		
<input type="checkbox"/> Battery	<input type="checkbox"/> Generator	<input type="checkbox"/> Other	<input type="checkbox"/> Home Depot	<input type="checkbox"/> Costco	<input type="checkbox"/> Other

Backup Make _____ Model # _____
 Date of Purchase _____ Purchase Price _____

Eligibility Requirements / Terms & Conditions

1. Rebate applications must be submitted no later than one month after power backup purchase.
2. Rebate incentives are limited to one rebate per account.
3. Member must be on KIUC's disability/special medical needs list prior to receiving rebate.
4. Rebates are limited to Residential Customers. Commercial Entities and Commercial Customers do not qualify.
5. Participation is based on a first-come, first-served basis, subject to the availability of funds.
6. KIUC reserves the right to discontinue or change the rebate levels without notice.
7. **Participants must complete a rebate application and submit it along with a copy of a detailed purchase receipt to: KIUC ENERGY SERVICES, 4463 Pahee St., Suite 1, Lihue, HI 96766-2000 or email to energyservices@kiuc.coop.**
8. Qualifying rebates will be credited to the above referenced account within 3 to 6 weeks from the date approved.

I have read and understand the Eligibility Requirements / Terms & Conditions _____ Initial

Waiver of Liability

I have read and understand the Eligibility Requirements and agree to the Terms & Conditions of Medical Device Power Backup Rebate Program. I understand that Kaua'i Island Utility Cooperative (KIUC) makes no warranty, expressed or implied, of merchantability or fitness for a particular purpose of the installation of any energy saving devices, including but not limited to equipment purchased with this rebate program and does not warrant or guarantee that any specific energy savings will result. I understand KIUC is not obligated to pay me a rebate, even if I meet all program requirements. By signing this waiver of liability, I waive any and all claims of any nature I may now have or have in the future against KIUC, its employees, officers, directors and agents arising out of this rebate program unless caused by KIUC's gross negligence.

Customer Signature _____ Date _____