



PO Box 216, Colman, SD 57017
 1-800-234-1960
 www.siouxvalleyenergy.com

APPLICATION FOR ELECTRIC HEAT RATE AND CENTRAL AIR CONDITIONING CREDIT

Name: _____ Date: _____
 Account #: _____ Map Location: _____
 Service Address: _____
 City: _____ State: _____ Zip: _____
 Phone#: _____ Cell#: _____ Daytime#: _____
 Email Address: _____

ELECTRIC HEAT RATE

I hereby make application to participate in Sioux Valley Energy's electric heat program. I understand that the electric heat rate applies to separately metered and permanently installed electric heating equipment for meter reading dates during the heating season of October through April of each year.

Please check the appropriate box.

_____ Enclosed is my check for \$200 covering my share of the cost for the new sub-meter installed by Sioux Valley Energy for non-Energy Star heating equipment.

OR

_____ I am installing an Energy Star heat pump (air-to-air or geothermal). There is no charge for my share of the cost for the new sub-meter installed by Sioux Valley Energy.

OR

_____ I am replacing an existing electric heating system in which a sub-meter exists. I understand that I am eligible to participate in the previous electric heating program guidelines.

If you are installing an air-to-air or geothermal heat pump, please complete the following required information and submit documentation:

- Make: _____ Model: _____
 final invoice from your contractor verification of Energy Star equipment (if applicable)

CENTRAL AIR CONDITIONING CREDIT

I hereby make application to participate in Sioux Valley Energy's central air conditioning program. I understand that the air conditioning monthly credit applies for meter reading dates during the cooling season of May through September with a minimum total electric usage of 300 kWh per month. I further acknowledge that the central air conditioner must be connected to the load management system in order to qualify.

Please check the appropriate box.

_____ Yes, I would like to participate in the central air conditioning program.

OR

_____ No, I do not want to participate in the central air conditioning program.

Signature _____

Print Name _____

Your cancelled check is your receipt.

Sioux Valley Energy has the right to adjust or discontinue programs/rates at the discretion of its Board of Directors. Customers may also elect to discontinue participation in programs at any time.