

# HEATING & COOLING CONTRACTORS ASSOCIATION (HACCA) GO GAS, GET CASH REBATE

Valid through January 1 – December 7, 2024

Please verify that the following requirements are met before submitting your rebate.

1. Applicant must be a licensed HVAC contractor.
2. All applicable fields must be completed on this form to receive a rebate. Incomplete rebate forms will not be processed.
3. Please include a copy of the contractor service order that includes customer name, address, and date with this form.
4. A **\$100.00** check will be mailed to the HVAC contractor sales representative. Please allow 2 to 4 weeks to process.
5. A customer credit of **\$100.00** applies if a low efficiency furnace is replaced with a 90% or greater high efficiency furnace at the same time an air-cooled condenser is installed with removal of existing heat pump.
6. Rebate funds are limited and available on a first-come, first-served basis. M.U.D. reserves the right to verify.

Email the signed and completed form along with a copy of the invoice to: [todd\\_england@mudnebr.com](mailto:todd_england@mudnebr.com)

*Rebate offer good January 1 - December 7, 2024 or until funds are depleted.*

For questions about the rebate program call **402.504.7980**.

## CUSTOMER INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## CONTRACTOR INFORMATION:

COMPANY NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

Sales Representative Information:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## EQUIPMENT INFORMATION:

DATE INSTALLATION COMPLETE: \_\_\_\_\_ M.U.D. HEATING PERMIT REQUIRED? YES NO

### EXISTING EQUIPMENT REMOVED (CHECK ALL THAT APPLY):

Equipment Type	Quantity	Efficiency
Air Conditioner		
Air Source Heat Pump		
Ground Source Heat Pump		
Gas Furnace		

### NEW EQUIPMENT INSTALLED (CHECK ALL THAT APPLY):

Equipment Type	Quantity	Efficiency
Air Conditioner		
Air Source Heat Pump		
Ground Source Heat Pump		
Gas Furnace		

I certify that the product(s) on this form were installed at the indicated address. I have read and understand the terms and conditions of this rebate offer.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For more rebates, please visit:

 [mudomaha.com/rebates](http://mudomaha.com/rebates)

FORM 2062 (CC1123CC)

**METROPOLITAN**  
UTILITIES DISTRICT