Requirements Checklist
All boxes must be checked:

| $\square$ | 1 | On Efficiency Maine's list of rebate-eligible biomass boilers and furnaces |
| :--- | :--- | :--- |
| $\square$ | 2 | Invoice(s) attached, showing: <br> - Full model number and manufacturer <br> - Installation cost before rebate <br> - Completion date <br> - Installation address |
| $\square$ | 3 | Installed in: <br> -Any Maine home (for upgrades completed before 8/1/2023) <br> •A single-family, duplex, or condominium located in Maine (for upgrades completed 8/1/2023 or after) |
| $\square$ | 4 | Installed by a pellet boiler Efficiency Maine Residential Registered Vendor |
| $\square$ | 5 | Rebate claim form emailed or postmarked within six months of project completion |

NOTE: Lifetime limit is one biomass boiler/furnace rebate per condominium or building. Program subject to change without notice.

| Homeowner Name: |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Installation Address: | Address |  | Town | State | ME | Zip |  |
| Mailing Address: | Address |  | Town |  |  | Zip |  |
| Homeowner Email Address: |  |  |  |  |  |  |  |
| Homeowner Phone Number: |  |  |  |  |  |  |  |
| Replaced Heating Fuel (if any): | $\square$ Oil $\square$ Kerosene $\square$ Propane $\square$ Natural Gas $\square$ Wood $\square$ Electricity $\square$ Other |  |  |  |  |  |  |
| Biomass Boiler/Furnace Manufacturer |  |  |  |  |  |  |  |
| Model Number |  |  |  |  |  |  |  |
| Installation cost before rebate |  |  | \$ |  |  |  |  |
| Rebate (1/3 total project cost up to \$6,000 rebate) |  |  | \$ |  |  |  |  |
|  |  | Rebate Recipient: | $\square$ Homeowner $\square$ Registered Vendor |  |  |  |  |
| Residential Registered Vendor Company Name: |  |  |  |  |  |  |  |
| SIGNATURES. Please sign below to commit to help Efficiency Maine conduct an inspection and to certify that all information on this claim form is correct. |  |  |  |  |  |  |  |
| Registered Vendor Signature: |  |  |  |  |  |  |  |
| Homeowner Signature: |  |  |  |  | / |  |  |

