



RESIDENTIAL HEATING, COOLING, WATER REBATE APPLICATION



2026 REBATES

TO RECEIVE A REBATE:

1. Complete Rebate Form
2. Invoice clearly showing proof of purchase including manufacturer name, model numbers, serial numbers, date of installation, installation address, and total project cost.
3. AHRI Certificate of Product Ratings for the equipment installed. (This document can be provided by your contractor) or a copy of energy guide label containing ENERGY STAR® Symbol or denotation if applicable

MAIL TO:

Madelia Municipal Light & Power
ATTN: Rebate Program
24 Abbot Ave SW
Madelia, MN 56062

E-MAIL TO:

rebates@madelialightandpower.com

Customer Information

Name of Homeowner	Phone	Installation Date	County	
Installation Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
E-Mail Address	MMLP Account Number			

Retailer/Contractor/Installer Information

Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature

I hereby certify that

- The information contained in this application is accurate and complete.
- All installation is complete, and the unit(s) is operational prior to submitting application.
- All rules of this rebate program have been followed.

I agree to verification of equipment installation which may include a site inspection by a program or utility representative if necessary. I understand that I am not allowed to receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release MMLP from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.

MMLP reserves the right to reject any rebate application submitted as a result of work performed by a contractor who has failed to adhere to the terms and conditions established for the rebate program.

Please sign and complete all information below.

Homeowner Signature	Print Name	Date
---------------------	------------	------

MMLP Use Only

Date Received	Rebate Approved Yes No	Amount	Date Approved
MMLP Representative			

LIST OF HEATING AND COOLING MEASURES THAT QUALIFY FOR REBATES

AIR CONDITIONER ROOM UNIT/WINDOW AC (must be ENERGY STAR® approved)

REBATE: \$10/unit

Quantity: _____ Capacity (BTU/hour, 1 Ton = 12,000 BTU/hour): _____

CEER Rating: _____

Features (*circle all that apply*): _____ Reverse Cycle: Yes **OR** No Louvered: Yes **OR** No

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

AIR CONDITIONING SYSTEM

(Split System/Ductless ≥15.2 SEER2 and ≥12 EER2 OR Single Package/Ducted ≥15.2 SEER2 and ≥11.5 EER2)

REBATE: Refer to
Table 1 on page 5

New System Type (*circle one*): Split System **OR** Single Package

Cooling Capacity (BTU/hour, 1 Ton = 12,000 BTU/hour): _____ SEER2: _____

Was the unit professionally installed (*circle one*): Yes **OR** No EER2: _____

Compressor Type (*circle one*): Single **OR** Variable Speed

Manufacturer Name: _____ Quantity: _____

Model Number: _____ Date of Installation: _____

AIR SOURCE HEAT PUMP

(Split System/Ductless ≥15.2 SEER2, ≥11.7 EER2, and ≥7.8 HSPF2 OR Single Package/Ducted ≥15.2 SEER2, ≥10.6 EER2, and ≥7.8 HSPF2)

REBATE: Refer to
Table 1 on page 5

New System Type (*circle one*): Split System **OR** Single Package

Cooling Capacity (BTU/hour, 1 Ton = 12,000 BTU/hour): _____ SEER2: _____

Heating Capacity (BTU/hour, 1 Ton = 12,000 BTU/hour): _____ EER2: _____

Was the unit professionally installed (*circle one*): Yes **OR** No HSPF2: _____

Compressor Type (*circle one*): Single **OR** Variable Speed

Manufacturer Name: _____ Quantity: _____

Model Number: _____ Date of Installation: _____

COLD CLIMATE AIR SOURCE HEAT PUMP

(Split System/Ductless ≥16 SEER2, ≥9 EER2, and ≥9.5 HSPF2 OR Single Package/Ducted ≥15.2 SEER2, ≥10.0 SEER2, and ≥8.1 HSPF2)

REBATE: Refer to Table 2 on page 5**Existing Cooling Equipment (circle one):** ASHP **OR** AC **OR** None**Existing Heating Equipment (circle one):** ASHP **OR** Furnace **OR** Boiler **OR** Wood Stove **OR** Electric Resistance **OR** None**New System Type (circle one):** Split System **OR** Single Package**Cooling Capacity** (BTU/hour, 1 Ton = 12,000 BTU/hour): _____**SEER2:** _____**Heating Capacity** (BTU/hour, 1 Ton = 12,000 BTU/hour): _____**EER2:** _____**Was the unit professionally installed (circle one):** Yes **OR** No**HSPF2:** _____**Compressor Type (circle one):** Single **OR** Variable Speed**Manufacturer Name:** _____**Quantity:** _____**Model Number:** _____**Date of Installation:** _____**CENTRAL AC / AIR SOURCE HEAT PUMP TUNE UP****REBATE: \$30/unit****Quantity:** _____**Cooling Capacity** (Tons): _____**Compressor Type (circle one):** Single **OR** Variable Speed**Actions Completed (circle all that apply):****Unit Efficiency:**

Condenser Coil Cleaning & Filter Change

SEER: _____

Refrigerant Charge Correction & Air Flow Correction

EER: _____**Contractor Name:** _____**Date of Tune Up:** _____**PROGRAMMABLE THERMOSTAT** *Electric heating only, gas furnaces do not qualify.**REBATE: \$25/unit****Quantity:** _____ **Heating Type (circle one):** Electric **OR** ASHP **OR** GSHP**New Thermostat Type (circle one of the below):**Tier I (Programmable) **OR** Tier II (Communicating) **OR** Tier III (Analytics Capable) **OR** Energy Star**Manufacturer Name:** _____ **Model Number:** _____ **Date of Installation:** _____**ECM CIRCULATORS****REBATE: \$50/unit (Not to exceed 50% of pump cost)****Quantity:** _____**Pump Wattage:** _____**Function of Pump (circle one):** Domestic Hot Water **OR** Cold-Water Supply **OR** Space Heating Hot Water**Date of Installation:** _____

HEAT PUMP WATER HEATER (must have UEF of 2 or higher)**REBATE: \$50/unit**

Quantity: _____ New Unit Tank Size (gallons): _____

Building Type (*circle one*): Single Family **OR** Multi Family

Uniform Energy Factor (UEF): _____ *If greater than 55 gal, must be greater than 2.2

Space Heating Type (*circle one*): Electric **OR** Gas

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

PIPE INSULATION (must have electric water heater)**REBATE: \$2/foot (Not to exceed 75% of pipe insulation cost)**

Linear Feet of Pipe Insulation: _____

Manufacturer Name: _____ Model Number: _____ Date of Installation: _____

ADDITIONAL ITEMS THAT QUALIFY FOR CUSTOM REBATE

- Duct Sealing
- Electronic Ignition Fireplace/Hearth
- Low-E Storm Windows
- Drainpipe Heat Exchanger (must have electric water heater)
- Electric Water Heater Jacket Insulation (must have electric water heater)
- Faucet Aerator (must have electric water heater)
- Low Flow Shower Head (must have electric water heater)
- Thermostatic Restriction Valve
- Ground Source Heat Pump
- Electric Water Heater Setback

Please reach out to 507-642-8803 or rebates@madelialightandpower.com for more information to receive these additional rebates.

AIR CONDITIONING AND HEAT PUMP SYSTEM REBATE AMOUNTS

Table 1:

AIR CONDITIONING SYSTEM AND AIR SOURCE HEAT PUMP REBATE AMOUNTS		
DUCTED/PACKAGED SEER2 RATING	DUCTLESS/SPLIT SEER2 RATING	REBATE
N/A	15.20 – 15.49	\$75/Cooling Ton
N/A	15.50 – 15.99	\$100/Cooling Ton
15.20 – 16.19	16.00 – 16.99	\$125/Cooling Ton
16.20 + SEER2	17.00 + SEER2	\$150/Cooling Ton

Table 2:

COLD CLIMATE AIR SOURCE HEAT PUMP REBATE AMOUNTS		
<i>With Existing Heating Source as ASHP, Furnace, Boiler, Wood Stove, or None</i>		
DUCTED/PACKAGED SEER2 RATING	DUCTLESS/SPLIT SEER2 RATING	REBATE
N/A	15.20 – 15.49	\$85/Cooling Ton
N/A	15.50 – 15.99	\$110/Cooling Ton
15.20 – 16.19	16.00 – 16.99	\$135/Cooling Ton
16.20 + SEER2	17.00 + SEER2	\$160/Cooling Ton

COLD CLIMATE AIR SOURCE HEAT PUMP REBATE AMOUNTS		
<i>With Existing Heating Source as Electric Resistance only</i>		
DUCTED/PACKAGED SEER2 RATING	DUCTLESS/SPLIT SEER2 RATING	REBATE
N/A	15.20 – 15.49	\$95/Cooling Ton
N/A	15.50 – 15.99	\$120/Cooling Ton
15.20 – 16.19	16.00 – 16.99	\$145/Cooling Ton
16.20 + SEER2	17.00 + SEER2	\$170/Cooling Ton