



# GEORGETOWN MUNICIPAL LIGHT DEPARTMENT

## ENERGY STAR APPLIANCE REBATES

GMLD's Rebate and Incentive programs are administered  
by Energy New England - a municipal cooperative

### Required for Processing:

- Completed Rebate Application
- Copy of dated sales receipt
- Energy Star Certificate
- Proof of disposal for select appliances

### Mail Required Items To:

Energy New England  
ATTN: Rebates  
5 Hampshire St  
Mansfield, MA 02048

### CUSTOMER INFORMATION

|                                     |                           |      |       |     |
|-------------------------------------|---------------------------|------|-------|-----|
| <b>DATE:</b>                        | <b>ELECTRIC ACCOUNT #</b> |      |       |     |
| <b>ELECTRIC ACCOUNT HOLDER NAME</b> |                           |      |       |     |
| <b>SERVICE ADDRESS</b>              |                           |      |       |     |
| Street                              |                           | City | State | Zip |
| <b>MAILING ADDRESS IF DIFFERENT</b> |                           |      |       |     |
| Street                              |                           | City | State | Zip |
| <b>EMAIL</b>                        |                           |      |       |     |
| <b>PHONE</b>                        |                           |      |       |     |

### APPLIANCE DETAILS

Select qualifying ENERGY STAR appliance(s) from the list below.  
Verify if your appliance is ENERGY STAR rated at: [www.energystar.gov](http://www.energystar.gov)

Smart WiFi Thermostat

Programmable Thermostat

Air Purifier

Dehumidifier

Clothes Washer

Refrigerator\*-with disposal

Hybrid Heat Pump Water Heater

Other

\*Proof of disposal required for rebate

**BRAND** \_\_\_\_\_ **MODEL** \_\_\_\_\_

**PURCHASE DATE** \_\_\_\_\_ **PURCHASE PRICE** \_\_\_\_\_

By signing this form, I certify that: I purchased the indicated appliance for use at the service address listed on this form; I am an electric customer of the utility listed above; and that to the best of my knowledge, the information provided is correct and accurate. I am providing the requested information solely to be eligible to participate in this program and request that the personal information supplied by me be treated as confidential to the maximum extent possible.

**CUSTOMER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Restrictions May Apply:

-Rebates are limited by quantity and/or dollar amount cap by appliance type per residential account.-New appliances ONLY -No used or leased appliances or appliances included in the purchase of property.-Residential customers in 1 to 4 unit buildings ONLY. -Utility reserves the right to end rebates at any time. -Qualified appliances must be purchased in the current calendar year-Applications must be postmarked by 1/31/2026 and sent to Energy New England.-Do not mail rebate application with your utility bill payment

**QUESTIONS?**

EMAIL: [REBATES@ENE.ORG](mailto:REBATES@ENE.ORG)

PHONE: 508-698-1225

**APPLY ONLINE**

[WWW.ENE.ORG](http://WWW.ENE.ORG)