



**LAKE CRYSTAL MUNICIPAL UTILITIES
2026 RESIDENTIAL ENERGY STAR
APPLIANCE REBATE**



PROGRAM INFORMATION

1. Submit 1. _____ Completed rebate application
 2. _____ **Invoice copy or receipt**
 3. _____ Copy of energy guide showing ENERGY STAR symbol and kWh saved
 4. _____ UPC code when requested
2. Mail to or drop off at: Lake Crystal Municipal Utilities
100 E Robinson St., PO Box 86
Lake Crystal, MN 56055
3. Must be an active electric customer of Lake Crystal Municipal Utilities (LCMU).
4. The product must be a new ENERGY STAR qualified product. For a list of products see www.energystar.gov
5. An on-site verification of products purchased & installed may be required prior to issuing rebate.
6. Lake Crystal Municipal Utilities reserves the right to modify or discontinue programs without prior notice.
7. Rebates for appliances purchased in 2026 must be applied for by February 28th, 2027.
For more information call 507-726-2538

CUSTOMER INFORMATION:

Name: _____ Address: _____
 PO Box: _____ Phone: _____
 Email: _____

I have read and understand the terms and conditions of the rebate program. I certify that the information that I have provided is true and correct and the product(s) and/or equipment for which I am requesting a rebate meets the requirements listed above.

Purchaser's Signature _____ Date _____

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OFFICE USE ONLY

DATE RECEIVED: _____ TOTAL REBATE AMOUNT: _____

APPROVED & ENTERED IN FE: _____ LCMU STAFF: _____

AIR PURIFIER (must be ENERGY STAR® certified)**REBATE: \$40/unit**

Quantity: _____ Clean Air Delivery Rate (CADR in CFM): _____

Manufacturer Name: _____ Model Number: _____

Date of Installation: _____

CEILING FAN (must be ENERGY STAR® certified)**REBATE: \$10/unit**

Quantity: _____

Location (*circle one*): Interior Living Quarter **OR** Multifamily Commons **OR** Unconditioned AreaHVAC Type (*circle one*): Heating Only **OR** Heating and Cooling **OR** Exterior/Unconditioned

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

CEILING FAN WITH LIGHTING (must be ENERGY STAR® certified)**REBATE: \$20/unit**

Quantity: _____

Location (*circle one*): Multifamily Commons **OR** Interior Living Quarter **OR** Unconditioned AreaHVAC Type (*circle one*): Heating Only **OR** Heating and Cooling **OR** Exterior/Unconditioned

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

CLOTHES DRYER (must be ENERGY STAR® certified)**REBATE: \$30/unit**

Quantity: _____

Type (*circle one of each*): Gas **OR** Electric Compact **OR** Standard Vented **OR** Ventless

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

CLOTHES WASHER (must be ENERGY STAR® certified)**REBATE: \$30/unit**Quantity: _____ Building Type (*circle one*): Single Family **OR** Multi FamilyType (*circle one*): Front Load **OR** Top Load Capacity (cubic feet): _____Water Heater Fuel Type (*circle one*): Gas **OR** Electric **OR** UnknownDrying Energy Source (*circle one*): Gas **OR** Electric **OR** Unknown

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

DEHUMIDIFIER (must be ENERGY STAR® certified AND UEF greater than 2)**REBATE: \$25/unit**

Quantity: _____ Capacity (Pints / day): _____

New Unit Energy Factor (UEF): _____

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

DISHWASHER (must be ENERGY STAR® certified)**REBATE: \$25/unit**Quantity: _____ Type (*circle one*): Compact **OR** StandardWater Heating Source: Gas **OR** Electric **OR** Unknown

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

FREEZER (must be ENERGY STAR® certified)**REBATE: \$30/unit**Quantity: _____ Defrost Type (*circle one*): Manual **OR** AutoFreezer Type (*circle one*): Compact Chest **OR** Compact Upright **OR** Upright

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

REFRIGERATOR (must be ENERGY STAR® approved)**REBATE: \$30/unit**Quantity: _____ Compact Style (*circle one*): Yes **OR** NoThrough the Door Ice (*circle one*): Yes **OR** No Defrost Type (*circle one*): Manual **OR** Auto **OR** Partial Auto

Cubic Feet: _____

Circle One of the Following Configurations:

Refrigerator-Freezer or Refrigerator Only **OR** Top Mounted Freezer **OR** Side by Side **OR** Bottom Mounted Freezer

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

SECONDARY REFRIGERATOR/FREEZER REMOVAL (does not apply for main appliance removal) REBATE: \$20/unit

Quantity: _____

Type (*circle one*): Refrigerator Only **OR** Combo Unit **OR** Freezer Only

Recycler Name: _____ Pickup Date: _____

Rebate not to exceed cost of appliance recycling*TIER II POWER STRIP****REBATE: \$20/unit**

Quantity: _____

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

ADDITIONAL ITEMS THAT QUALIFY FOR CUSTOM REBATE

- Tier I Power Strip
- Variable Speed Pool Pump

Please reach out to 507-726-2538 or utilities@lakecrystalmn.org for more information to receive these additional rebates.