

Willmar Municipal Utilities Off-Peak Water Heater Program Application

CUSTOMER INFORMATION

Name _____

Address _____

WMU Account Number _____

Signature of Applicant _____

Date _____

WATER HEATER INFORMATION

Name of Dealer _____

Brand of Water Heater _____

Model Number _____

Tank Warranty _____ Years

Check One

New Installation _____

Replace Existing Electric Water Heater _____

Replaces Water Heater That Used Another
Fuel Source _____

UTILITY INFORMATION

Date Approved _____

Off-Peak Equipment Installed: Yes _____ No _____

Rebate Amount \$ _____

Installation/Inspection Approved By: _____

**To join our Off-Peak Water Heater Program
return this completed form to:**

**Willmar Municipal Utilities
700 Litchfield Ave.
PO Box 937
Willmar, MN 56201**