



2017 Wisconsin Regulator Replacement Rebate Program

Propane Marketer Participation Form

This form to be completed only ONE time per participating company. Application for rebate separate.

If multi-branch company, one company representative can submit for the entire company.

This agreement obligates the undersigned to comply with all rules and conditions for participation in the 2017 Wisconsin Regulator Replacement Rebate Program. Failure to comply **will** result in financial liability for rebates and may result in disqualification from the program and prosecution in the applicable court of law.

Today's Date: _____

Company Information

Propane Company _____

Address: _____
Street Address

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
-------------	--------------	-----------------

Phone: () _____

Contact Person: _____

Contact Email: _____

I have read and understand the rules and conditions of the above referenced program. I understand that, as the undersigned, I am responsible for ensuring that the company's designated agents perform safety inspections.

Printed Name of Company Representative

Signature

Please submit this form to the WiPERC: Wisconsin Propane Education & Research Council
33 East Main Street, Suite 701
Madison, WI 53703
emma@wipga.org

Please retain a copy for your records