



WOODSTOVE CHANGEOUT



VOUCHER REIMBURSEMENT FORM

In order to be eligible for reimbursement, this form is to be completed by a Participating Retailer ("Retailer") that has received a Rebate Voucher Approval Form from the Program Administrator for the Lower Peninsula of Michigan Woodstove Changeout Program.

Today's Date: _____ Rebate Voucher # (from Rebate Voucher Approval Form): _____

Retailer Information

Retailer Name: _____ Phone: _____

Retailer Address: _____

City: _____ State: _____ ZIP: _____

Installer Information (if different from above)

Installer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Professional Credentials: _____

Participant Information

Customer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

New Appliance Information

Manufacturer: _____ Manufacture Date: _____

Model: _____ Serial No.: _____

New Stove Type: _____ Wood _____ Wood Insert _____ Pellet _____ Gas _____ Gas Insert _____ Hydronic Heater

Date of New Appliance Installation: _____ Retrofit Description (if applicable): _____

New Appliance Information (Cont'd)

Yes No

- 1. Retailer certifies that the installed device is new. 1. ____ ____
- 2. Retailer certifies that the device was installed by a professional and in accordance with manufacturer installation instructions and all applicable state, county or local municipal codes/ordinances, including but not limited to the issuance of a mechanical permit. 2. ____ ____
- 3. Does the new appliance mean a change in fuel source for the Participant? 3. ____ ____
 - a. If so, what was the old fuel type? _____
 - b. And what is the new fuel type? _____
- 4. Did Participant receive information from Retailer related to the proper operation of new appliance and the benefits of proper operation including, if applicable, the importance of burning dry seasoned wood? 4. ____ ____
- 5. If new appliance is wood-burning, did Participant receive a wood moisture meter and a copy of the one-page information sheet "Why and How to Use a Wood Moisture Meter"? 5. ____ ____

Destruction of Old Non-EPA Certified Appliance

Yes No

- Appliance has been removed from the residence. 1. ____ ____
- Doors have been removed and hinges destroyed prior to release to a recycling facility. 2. ____ ____
- Appliance has been / will be released to a recycling facility for destruction. 3. ____ ____

The Retailer certifies to the American Lung Association in Michigan that the information contained on this tracking form is accurate and the form is completely filled out. The Retailer acknowledges that the **Participating Retailer Agreement Form** has been completed and the program requirements have been fulfilled in order to receive reimbursement from the American Lung Association in Michigan. This form must be submitted with ALL sections completed in order to receive reimbursement.

Name of Participating Retailer: _____
(Please Print Name of Retail Business)

By: _____ Date: _____
(Authorized Signature)

Name of Authorized Signatory: _____
(Please Print Name and Title of Authorized Person Signing)

To assure processing within 14 days, please make sure you send all items listed, if not previously submitted:

- Photo of old stove before removal
- Photo showing evidence that the old appliance has been rendered inoperable
- Photo of new stove after installation
- Copy of itemized receipt / invoice for new appliance purchase and installation

Please submit the completed form and above items to:

Jocelyn.Hayward@lung.org OR American Lung Association in Michigan
Attn: Jocelyn Hayward
PO Box 402
Williamston, MI 48895-0402