

## CITY OF ALBEMARLE Rebate Request Form



| SECTION 1   | REBATE RECIPIENT IN          | IFORMATION              | SECT            | ION 2            | SERVIC           | E ADDRESS INFORMATION                 |  |
|---|------------------------------|-------------------------|-----------------|------------------|------------------|---------------------------------------|--|
| N 1 A B 4 E   |                              |                         |                 | TION             |                  |                                       |  |
| NAME MAILING ADDRESS                                  |                              |                         |                 | TION             |                  |                                       |  |
|   |                              |                         |                 |                  |                  |                                       |  |
| CITY  | 710                          |                         |                 |                  |                  |                                       |  |
|   | ZIP                          |                         | _  SERV         | ICE ACCC         | OUNI #           |                                       |  |
| PHONE   | TVDE OF WOTA                 |                         |                 |                  |                  |                                       |  |
|   | TYPE OF INSTAL               |                         |                 |                  |                  |                                       |  |
|   | ON DATE                      |                         |                 |                  |                  |                                       |  |
|   | INSTALLED:                   |                         | W CONCED        | LICTION          |                  | OTHER                                 |  |
| PROPERTY  | TYPE: ☐ RESIDE               |                         | W CONSTR        |                  |                  | OTHER                                 |  |
|   | ☐ RENTA                      |                         | ISTING PRO      |                  |                  |                                       |  |
|   | MOUNTS (PLEASE CHEC          | SK ONE)                 |                 | sting            |                  | Construction                          |  |
| ☐ 16.0 - 17   |                              |                         | •               | 300.00           | \$               |                                       |  |
| □ 18 + SEE  |                              |                         |                 | 00.00            | \$               |                                       |  |
| ☐ Geotherr  |                              |                         | \$ 5            | 500.00           | \$               | 500.00                                |  |
|   | OOLING SYSTEM                |                         | <u> </u>        |                  |                  |                                       |  |
| TYPE OF HEATING SYSTEM REPLACED?                      |                              |                         |                 |                  |                  |                                       |  |
| NEW HEAT PUMP SEER RATING                             |                              |                         |                 | NEW ODU MODEL #  |                  |                                       |  |
| NEW HEAT PUMP SIZE IN TONS                            |                              |                         |                 | NEW ODU SERIAL # |                  |                                       |  |
| AHRI REFEI  |                              |                         |                 |                  |                  |                                       |  |
|   | Contractor Information       |                         |                 |                  | <u> </u>         | . 8                                   |  |
| Company Nan   | ne                           | Contact Name/Title      |                 |                  | Bu               | siness Phone                          |  |
| Cortify that  | all equipment information    | is accurate. I have rea | d and under     | ctand all in     | formation an     | d qualification standards and         |  |
| •   | hat ElectriCities and/or the |                         |                 |                  |                  | •                                     |  |
|   |                              |                         | .,              |                  |                  |                                       |  |
| OF OTION 5  |                              |                         |                 | _ Date           | <u> </u>         |                                       |  |
|   | Customer Acceptance          |                         | auglification ( | standarda f      | or the High I    | Efficiency Heat Pump Rebate           |  |
|   |                              |                         |                 |                  |                  | , and all information submitted ab    |  |
|   | spection of the equipment    |                         |                 |                  |                  |                                       |  |
|   | Customer Signature           |                         |                 | _ Date           | <u>,</u>         |                                       |  |
| * Rebates   | will not be paid for inc     | complete application    | ns. Did voi     |                  | <u></u>          |                                       |  |
|   | copy of dated sales invoice? |                         | •               |                  | acturer efficier | ncy documentation (AHRI certificate)? |  |
| ☐ Sign and date the application?                      |                              |                         |                 |                  |                  | and contractor information?           |  |
| ☐ Have your contractor sign and date the application? |                              |                         |                 |                  | ervice account   |                                       |  |
| _ riavo your  | osaotor orgin and date the   | ☐ Retain copies of all  |                 |                  |                  |                                       |  |
| For Office us   | e only                       |                         | Papor Work 10   | . , 5 31 100010  |                  |                                       |  |
|   | o only                       |                         |                 |                  |                  |                                       |  |
|   |                              |                         |                 | Tial:            | t Inchartion Dat | •                                     |  |
|   |                              | Rebate Amount(\$)       |                 | Field            | a inspection bat | e                                     |  |
|   |                              | Rebate Amount(\$)       |                 | Field            | inspection bat   | ·                                     |  |