DUCTLESS HEAT F	PUMP FUEL-SWITC	HING REBA	TE APPLICATION
			T
Member Name:			Account No.
Phone No.		Email Address	
Site Installation Address:			Approx. Size of home (sq ft):
			V 8 11
			Year Built:
Mailing Address (if different):	ONER &	Lin	
/c		74/1	
Heat Source (prior to DHP Install):	Fuel Source:		Has the pre-existing heat source been
	O Propane O W	ood '	permanently decommissioned? (yes / no)
	O Other:		121
Date Ductless Heat Pump Installed:	12		
Where did you hear about this program? • Friend • Neighbor • Bill Insert • OPALO	CO Website O Newspaper O	Social Media O OP	ALCO staff
Do you live at this residence full time? (yes / n	10)	If yes, how many	permanent occupants in the home?
12/0/		10	15/5/
Please include a copy of contractor's invo and model numbers. Second page must		, including the da	te installed, appliance specifications,
	TERMS & CONDI	TIONS	
Complete application must be received within all applicable codes and regulations. Available right to inspect installation and will coordinate the purchase and installation of qualifying Duc responsible for any part of the appliance main implied warranties or merchantability or fitness respect to the equipment, materials, or labor r materials and labor. Cannot be combined with member implies that all information provided in	to all active OPALCO members inspection as applicable. Rebat tless Heat Pump units up to \$1 tenance, power consumption, of s for a particular purpose) and required for the installation of the other OPALCO rebate offering	s in good standing (r te is cost reimburse ,500.00 as a fuel-sw or any and all implied shall not be respons ne appliance on the is. Additional conditi	no arrears balance). OPALCO reserves the ment of charges and fees directly related to vitching incentive only. OPALCO is not d warranties (including but not limited to sible for any representation or promise with premises, or the cost of such equipment, ons may apply. By signing below, the
	MEMBER SIGN	IATURE	
Signature of applicant:		Date:	
Would you like to donate any part of your rebate to t			

Contractors fill out this page

Phone

DOCTEESS HEAT FOMP TOLE-SWITCHING REDATE APPLICATION						
Contractor company name:						
Total installed cost including equipment, labor, electrical, tax, permit and other (prior to rebate): \$						
Total number of outdoor units installed:		Total number of indoor units installed				
Outdoor unit manufacturer:	Outdoor unit model number	HSPF Rating:	AHRI certified reference No.:			
Associated Indoor Units:	Indoor Unit Model number(s)	Associated Indoor units	Indoor Unit Model number(s)			
Indoor unit 1	CI	Indoor unit 3				
Indoor unit 2		Indoor unit 4				
CONTRACTOR SIGNATURE RELEASE						
By signing below, the contractor certifies that this invoice form and all accompanying documents are complete and accurate. The signature certifies that the contractor is licensed, bonded, insured, has been trained by the manufacturer of the installed product and has received project contractor orientation. By signing this, the contractor has read and understood the terms and conditions listed on this form and/or project information on the NW Ductless Heat Pump Project website (www.GoingDuctless.com). It also assumes that installation of all appliances has been done according to all codes and regulations, the contractor is licensed, bonded and insured.						
Who is the best person to contact?		Email Address:				
Installer Signature:		Installer Name	Date:			

Alternate Phone