



**ELECTRIC WATER HEATER/ HEAT PUMP WATER HEATER REBATE FORM**

**CUSTOMER INFORMATION**

NAME:	CITY:
ADDRESS (WHERE UNIT IS INSTALLED)	ZIP:
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)	

**RESIDENTIAL INFORMATION**

<b>Check one:</b> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/>	<b>Check one:</b> New home <input type="checkbox"/> Existing Home <input type="checkbox"/>
<b>Is this a rental property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Did rebate influence your purchase?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Primary Fuel to heat your home?</b> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Is this replacing an existing water heater?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes what type?</b> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/>	
<b>How did you hear about this rebate?</b> City/Town Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Builder <input type="checkbox"/> Newspaper <input type="checkbox"/> Mailing <input type="checkbox"/> City/ Town website or social media <input type="checkbox"/> OMPA website or social media <input type="checkbox"/>	

**APPLIANCE INFORMATION**

**THE SECTIONS BELOW MUST COMPLETED**

	OLD UNIT #1	OLD UNIT #2	NEW UNIT #1	NEW UNIT #2
<b>MANUFACTURER:</b>				
<b>MODEL:</b>				
<b>SIZE:</b>				
<b>PURCHASE PRICE:</b>				
<b>AHRI REFERENCE #</b>				

<b>CUSTOMER SIGNATURE:</b> <small>(Certifies that appliance (s)/unit(s) listed meet program requirements and are installed at the above address)</small>	DATE:
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<b>MEMBER CITY REPRESENTATIVE SIGNATURE</b>	DATE:
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**\*AHRI certificate showing UEF is required to be included with this application. Please attach the product invoice/receipt as well. \***