



TURN DOWN THE WATTS RESIDENTIAL SMART THERMOSTAT REBATE FORM

CUSTOMER INFORMATION

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

RESIDENTIAL INFORMATION

Check one: Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/>	Check one: New home <input type="checkbox"/> Existing Home <input type="checkbox"/>
Is this a rental property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did rebate influence your purchase? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Fuel to heat your home? Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>	
Primary method to cool your home? Central Air <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Dual Fuel Heat Pump <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Mini-Split Unit <input type="checkbox"/>	
How did you hear about this rebate? 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"/> Thermostat Manufacturer or APP <input type="checkbox"/>	

THERMOSTAT INFORMATION

THE SECTIONS BELOW MUST COMPLETED

	UNIT #1	UNIT #2
MANUFACTURER:		
MODEL:		
COOLING TONS CONTROLLED		
SEER RATING OF COOLING UNIT		

CUSTOMER SIGNATURE: (Certifies that appliance (s)/unit(s) listed meet program requirements and are installed at the above address)	DATE:
MEMBER UTILITY REPRESENTATIVE SIGNATURE	DATE: