



City Rebate # _____

ELECTRIC HEAT PUMP REBATE APPLICATION

SECTION 1	REBATE RECIPIENT INFORMATION	SECTION 2	SERVICE ADDRESS INFO.
Name			
Mailing Address		Service Address	
City			
State, Zip		City of Concord	
Phone		Service Acct. #	

SECTION 3	NEW ELECTRIC HEAT PUMP SYSTEM INFORMATION		
Type of Heating System Being Replaced		Electric Heat Pump Manufacturer	
Electric Heat Pump SEER Rating		Electric Air Handler Model #	
Electric Heat Pump Size in Tons		Electric Outdoor Unit Model #	
AHRI Reference #		Electric Coil Model #	

SECTION 4	CONTRACTOR INFORMATION	
Contractor Company Name	Contractor Contact Name & Title	Contractor Business Phone #

I certify that all equipment information is accurate. I have read and understand all information and qualification standards and understand that the City of Concord may verify all information that I have provided.

Contractor Signature _____ Date _____

SECTION 5	CUSTOMER ACCEPTANCE OF TERMS
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I certify that I have read and understand all information and qualification standards for the High Efficiency Electric Heat Pump Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, all information submitted above and to the inspection of the equipment installation by the City of Concord.

Customer Signature _____ Date _____

Rebates may not be paid for incomplete applications. Did you:

- Sign and date the application?
- Include your City of Concord service account #?
- Fill in customer, equipment and contractor information?
- Include a copy of the AHRI Certificate of Product Ratings?
- Include a copy of the dated sales invoice?
- Have your contractor sign & date the application?
- Retain copies of all paperwork for your records?

SECTION 6	CITY ELECTRIC DEPARTMENT FIELD VERIFICATION
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- Residential New Construction Residential Existing Construction

I certify, I have verified, that the installation of the electric heat pump matches the information on this rebate form.

City of Concord Electric Department _____ Date _____

SECTION 7	FOR OFFICE USE ONLY
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Date received Date Approved Rebate Amount (\$) Authorized Signature