

OPTIONS 2000

Energy Efficiency Incentive Application for Residential Customers

Customer Information (Please Print)				
Name of Homeowner		Phone	Email Address	
Mailing Address	City		State	ZIP Code
Installation Address	City		State	ZIP Code
Utility Account Number (as shown on utility bill)		Building Type <input type="checkbox"/> Existing <input type="checkbox"/> New Construction	Building Use <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family __ Units	
Existing fuel Type for Space Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP (Propane) <input type="checkbox"/> Oil <input type="checkbox"/> Other _____				
How did you learn about the program? <input type="checkbox"/> My utility <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Event <input type="checkbox"/> Mail to my home <input type="checkbox"/> Bill insert <input type="checkbox"/> Other: _____				

Retailer/Contractor Information				
Name of Installing Contractor	Mailing Address	City	State	Phone
All product must be purchased within 25 miles of Rock Rapids to qualify for the Options 2000 Rebate Program.				

Equipment Information					
Residential Insulation					
Equipment Type	Minimum Specifications	Estimated Annual Savings	Incentive Amount	Quantity	Incentive Total
Attic Insulation (residential only)	Must be inspected BEFORE and AFTER installation	Varies by house	\$10 / R-value increase up to R-49 Maximum of \$100 (limit of 1 rebate)		

Certifications and Signature				
<p>I hereby certify that: 1. The information contained in this application is accurate and complete; 2. All installation is complete and the unit(s) is operational prior to submitting application; 3. All rules of this incentive program have been followed; and 4. I have read and understand the terms and conditions included with this document.</p> <p>I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one incentive from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release The Utility from any claims, damages, liabilities, costs and expenses (including reasonable attorneys' fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.</p> <p>Please sign and complete all information below.</p>				
Signature		Print Name		Date Equipment Installed
				Date Submitted
Utility Use Only				
Date Received:	Pre-Inspected?	Date Pre-Inspected:	Post-Inspected?	Date Post-Inspected
Initials:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:
Incentive Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount :\$	Date Rebate Issued:	
Utility Representative				