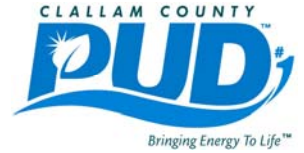


Smart Thermostat - \$100 per thermostat

Project Information Form

For Single Family, Multifamily and Manufactured Home Residential Customers



HOUSEHOLD INFORMATION

Customer Name	Installation Address (Street, City, State, Zip)
Customer Phone	Installation Date:
Customer Account Number	Mailing Address (If different from installation address)

EXISTING EQUIPMENT INFORMATION

One Smart Thermostat per furnace or heat pump controlled with a limit of two per household.

Existing Equipment Information	Thermostat 1	Thermostat 2
What heating system is the thermostat controlling?	<input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Air or Ground Source Heat Pump	<input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Air or Water Source Heat Pump

NEW EQUIPMENT INFORMATION

Information	Thermostat 1	Thermostat 2
Thermostat manufacturer		
Thermostat model		
Thermostat serial number		
Who installed the thermostat?	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor or Utility	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor or Utility

The installed thermostat must:

1. Be on the BPA Smart Thermostat Qualified Products List (www.bpa.gov/EE/Policy/IManual/Pages/IM-Document-Library.aspx)
2. Installed in a residence in Clallam County PUD's Service territory.
3. Have occupancy detection set to on, and
4. If the thermostat controls a heat pump, be programmed to control a heat pump

With my signature below, I certify that the above listed smart thermostat meets all rebate requirements and that the information provided is accurate and complete.

Rebate Claimant's Signature: _____ Date: _____

Return form with itemized receipt copies to any PUD office - OR- mail to PUD Rebates, POB 1000, Carlsborg, WA 98324

I hereby certify that to the best of my knowledge, the materials have been furnished, the services rendered and/or the labor performed as described herein, and that the claim is a just, due and unpaid obligation against the District, and I am authorized to authenticate and certify said claim.	Office Use Only		02/21/19		
	Customer #		Expense Distribution		
Warrant #		908.310/15/8500	TOTAL	\$	
PUD Rep: _____	Date: _____	Reviewer's Initials: _____ Date: _____			