



# 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

<b>Check one:</b> Primary Residence <input type="checkbox"/> Second 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"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Primary method to cool your home?</b> 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"/>	
<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"/> Thermostat Manufacturer or APP <input type="checkbox"/>	

## THERMOSTAT INFORMATION

THE SECTIONS BELOW MUST COMPLETED

	UNIT #1	UNIT #2
<b>MANUFACTURER:</b>		
<b>MODEL:</b>		
<b>COOLING TONS CONTROLLED</b>		
<b>SEER RATING OF COOLING UNIT</b>		

CUSTOMER SIGNATURE: Certifies that thermostat(s) listed meet program requirements, are connected to Wi-Fi, and installed at the above address)	DATE:
MEMBER UTILITY REPRESENTATIVE SIGNATURE	DATE: