

HEAT PUMP WATER HEATER FORM

All sections must be filled out by the installer at the time of installation. A copy of this completed form, the purchase receipt or invoice that includes purchase date, and the manufacturer's Installation Checklist (if applicable) must be submitted to Clark Public Utilities in accordance with utility policy. A model's qualification is determined based on the assigned tier at date of purchase according to the qualified products list found at www.clarkpublicutilities.com.

Rebate Amounts & Eligible Home Types (Select One)								
☐ \$700 (Tier 2-4, existing home)* ☐ \$800 (Split system, new or existing home)								
Household information								
Customer Name:	Installation Address		City:	State	e: Zip:			
Customer Name.	motaliation / tauress		Oity.	Otate	. Lip.			
Phone:	Mailing Address:		City:	State	e: Zip:			
Email:								
Home: ☐ Existing Site Built ☐ New Site Built (split system only) ☐ Manufactured ☐ Multi-Family								
Water heater being replaced* Fuel: ☐ Electric								
*NOTE: Heat pump water heater must replace an electric storage water heater. Limited to one heat pump water heater rebate per household. All installed equipment must be new.								
Installation Information								
Brand Installed Mode	el	Size (gallons):	Size (gallons): Date of installation:					
Where was this water heater purchased?								
Total installed cost (before rebates): \$ Cost breakdown (if known): Equipment: \$ Labor: \$								
Installation location: Conditioned Space - heated area of the home (example: heated basement, interior closet, etc.) Unconditioned Space - unheated area of home (example: garage, unheated basement, attic)								
Installation Checklist (complete in addition to the manufacturer's checklist)								
Follow the manufacturer's installation instructions <u>exactly</u> . Failure to do so will result in disqualification from the program, may void the manufacturer's warranty, and may result in lower than expected energy savings.								
☐ There is adequate clearance to remove the air filter ☐ Homeowner is aware of cooling effect and noise levels to expect in the installation area ☐ Homeowner understands maintenance requirements ☐ Homeowner understands the safety instructions ☐ Condensate line drains at a slope to a drain, condensate pump, or exterior location ☐ Temperature and Pressure relief valve is properly installed and not plugged								

Required Customer and Technician Signatures. Both homeowner and installer signatures are required. If installed by the homeowner, the homeowner must also complete and sign the installer section below. Manufacturer training (in-person or online video if available) is required of non-contractors (homeowner self-installed) and contractors. The training information fields below are required in order to process rebate packets for heat pump water heaters that have training available from the manufacturer.

ENERGY INFORMATION RELEASE: The undersigned utility customer requests and authorizes the specified utility to release billing and usage information for the account listed below to the HPWH program. With this authorization, the HPWH program can request billing information for up to two years pre-installation and two years post-installation. The utility customer also hereby releases the utility company from any and all liability arising from or connected with providing this information. A copy of the purchase receipt or installer's invoice is included with this application. A completed copy of the manufacturer's Installation Checklist is included with this application.							
Electric Utility: Clark Public Utilities							
Account holder name:							
Account holder signature:			Date:				
By signing below, installer certifies that this form and any accompanying documentation are complete and accurate; that all measures associated with this project were completed as of the signature date below; that all equipment was installed according to the manufacturer's specifications and any additional specifications required by Bonneville Power Administration; and that unit is functional and operational prior to submission of this rebate form.							
Manufacturer Training Location: (if training was online video, write website name)			Date of Training:	(or viewing date)			
Installation Company:	Installer Phone #:		☐ Contractor ☐ Non-contractor or Homeowner				
Installer signature:			Date:				
☐ Check to Contractor (Customer listed on invoice sign & date fields on right)		SIGN OVER REBATE PAYMENT TO CONTRACTOR Customer signs over the total Clark Public Utilities rebate payment through signature below to be 'payable to' the contractor that performed the conservation measure(s) indicated above:					
		Customer Signature:		Date:			
☐ Check to Customer <u>listed on invoice</u> (No customer signature / date)							

Please return this form to:
CLARK PUBLIC UTILITIES
ATTN: REBATES
PO BOX 8900
VANCOUVER, WA 98668
-OR-

Email to: rebates@clarkpud.com

Questions? Please contact us:

EMAIL: rebates@clarkpud.com

PHONE: 360-992-3422