



HEAT PUMP WATER HEATER FORM

All sections must be filled out by the customer and/or installer at the time of installation. Submit this form and a copy of the purchase receipt or invoice that includes the purchase date to Clark Public Utilities. 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. **Purchases at an Oregon Lowe's or Home Depot store receive the \$700 rebate at point of purchase and are not eligible for an additional rebate.**

Rebate Amounts & Eligible Home Types (Select One)				
<input type="checkbox"/> \$700 (Tier 3-4, existing home)*		<input type="checkbox"/> \$800 (Split system, new or existing home)		
Household information				
Customer Name:		Installation Address:		City:
Phone:		Mailing Address:		State:
				Zip:
Email:				
Home: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> New Site Built (split system only) <input type="checkbox"/> Existing Manufactured <input type="checkbox"/> Existing Multi-Family				
Water heater being replaced*		Fuel: <input type="checkbox"/> 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		Model		Date of installation:
Size (gallons):				
Where was this water heater purchased? <input type="checkbox"/> Installer <input type="checkbox"/> Retailer <input type="checkbox"/> Online				
Total installed cost (before rebates): \$ _____				
Cost breakdown (if known): Equipment: \$ _____ Labor: \$ _____				
Installation location:				
<input type="checkbox"/> Conditioned Space - heated area of the home (example: heated basement, interior closet, etc.)				
<input type="checkbox"/> Unconditioned Space – unheated area of home (example: garage, unheated basement, attic)				
* Please be aware of cooling effect and noise levels to expect in the installation area, as well as adequate space requirements for efficient operation and maintenance				

****Required Customer and Installer Signatures:** both customer and installer signatures are required. If installed by the customer, the customer must also complete and sign the installer section below. Unit must be installed according to manufacturer's specifications. For installation and training resources, please visit our website.

ENERGY INFORMATION RELEASE: By signing this form, the customer authorizes the utility to utilize the billing data for energy savings analysis. With this authorization, the utility may also release up to two years pre-installation and up to two years post-installation of the customer's billing information to BPA and other third parties in order to perform energy savings analysis. The customer also hereby releases the utility from any and all liability arising from or connected with the release of this information.	
Account holder name:	
Account holder signature:	Date:
By signing below, the installer certifies that this form and any accompanying documentation are complete and accurate, all measures associated with this project were completed as of the signature date, the equipment was installed in accordance with manufacturer specifications, and installed according to industry best practices. If installed by a contractor, by signing this form the contractor certifies they are licensed, bonded, and insured.	
Installation Company:	Installer Phone #: <input type="checkbox"/> Contractor <input type="checkbox"/> Non-contractor or Homeowner
Installer signature:	Date:

Designate which party the rebate check should be paid to:				
<input type="checkbox"/> Check to Contractor (Customer listed on invoice sign & date fields on right)	SIGN OVER REBATE PAYMENT TO CONTRACTOR Customer listed on invoice 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:			
	<table border="1"> <tr> <td>Customer Signature:</td> <td>Date:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Customer Signature:	Date:	
Customer Signature:	Date:			
<input type="checkbox"/> Check to Customer listed on invoice (No customer signature / date)				

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

Questions? Please contact us:
 EMAIL: rebates@clarkpud.com
 PHONE: 360-992-3422

-OR-
 Email to: rebates@clarkpud.com