

HEAT PUMP WATER HEATER INCENTIVE —APPLICATION

ATTENTION: It is the owner's responsibility to ensure contractor completes the installation.
Contact Ron Rose, rvrose@nppd.com or 402-362-7326, with any questions

1) Name of Contractor: _____

Address: _____

City: _____ Phone #: _____

2) Owner's Name: _____

Address: _____

City: _____ Daytime Phone #: _____

Installation Address: _____

Electric Utility: _____ Acct. or Meter# _____

NOTE: W-9 Form is needed for commercial and industrial applications.

3) Equipment Manufacturer: _____

Heat Pump Model # _____

Air Source Heat Pump: EF _____

Water or Ground Source Heat Pump: EF _____

4) I acknowledge this installation is in compliance with the program guidelines.

Homeowner:

Print Name Signature Date

Installed by:

Print Name Signature Date

5) Submit this application to your local utility for approval and processing for payment.