

# Smart Thermostat - \$100 per thermostat

## Project Information Form

For Single Family, Multifamily and Manufactured Home Residential Customers

Instructions: Complete this form and submit it to the serving electric utility.

### HOUSEHOLD INFORMATION

Customer Name	Installation Address (Street, City, State, Zip)
Customer Phone	Installation Date:

### 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](http://www.bpa.gov/EE/Policy/IManual/Pages/IM-Document-Library.aspx))
2. Have occupancy detection set to on, and
3. 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**

<b>Office Use Only</b>			I hereby certify under penalty of perjury that to the best of my knowledge, the materials have been furnished, the services rendered 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.
Customer #:	908.310.15.6500	\$	
Serv Loc.#:			
Reviewer's Initials: _____		Date: _____	PUD Rep: _____ Date: _____