

# Smart Thermostat - \$100 per thermostat

## Project Information Form

For Single Family, Multifamily and Manufactured Home Residential Customers



### HOUSEHOLD INFORMATION

Customer Name	Installation Address (Street, City, State, Zip)
Customer Phone	Installation Date:
Customer Account Number	Mailing Address (If different from installation address)

### 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 or <input type="checkbox"/> Air or Ground Source Heat Pump	<input type="checkbox"/> Electric Forced Air Furnace or <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 or <input type="checkbox"/> Contractor or Utility	<input type="checkbox"/> Homeowner or <input type="checkbox"/> Contractor or Utility

The installed thermostat must:

1. Be on the BPA Smart Thermostat Qualified Products List (<https://www.bpa.gov/-/media/Aep/energy-efficiency/document-library/smart-tstat-qpl.pdf>)
2. Installed in a residence in Clallam County PUD's Service territory.
3. Have occupancy detection set to on, and be set to the geographic location where the thermostat is located.
4. 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**

I hereby certify that to the best of my knowledge, the materials have been furnished, the services rendered and/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.  PUD Rep: _____ Date: _____	<b>Office Use Only</b> 02/21/19	<b>Expense Distribution</b>	
	Customer # _____ Warrant # _____	908.310/15/8500	TOTAL
		Reviewer's Initials: _____ Date: _____	