



Ductless Heat Pump (DHP) Rebate

Household Information

| | | | | |
|--------------------------------|-------------------|---|------|-----------------|
| Customer Name: | | Home Type: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> New Construction Site Built <input type="checkbox"/> Manufactured | | |
| Installation Address: | | City, State: | Zip: | Customer Phone: |
| Mailing Address, if different: | | | | |
| Year Built: | Conditioned Area: | Existing Heating Type: <input type="checkbox"/> Electric Furnace w/out AC <input type="checkbox"/> Electric Furnace w/ AC <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Heat Pump | | |

Installation Information

| | | |
|--|--|---------------|
| AHRI Certified Reference #: | HSPF2: | Install Date: |
| Outdoor Unit Manufacturer: | Outdoor Unit Model #: | |
| Indoor Unit 1 Model #: | Indoor Unit 2 Model #: (If Installed) | |
| Indoor Unit 3 Model #: (If Installed) | Indoor Unit 4 Model #: (If Installed) | |
| Total Installed Cost (Before Rebates): \$ | Eligible Rebate Amount: \$ | |
| <input type="checkbox"/> By checking here, I certify this DHP has been installed according to BPA's best practices guide, as well as in accordance with manufacturer specifications, including adherence to proper refrigerant charging. I certify this system meets all state and local codes and the necessary permits have been obtained. | | |
| Licensed Contractor Business Name and Phone Number: | | |

Required Documentation to submit with this form

- Purchase receipt or invoice, showing the make and model number of equipment.
- AHRI Certificate

The undersigned customer authorizes the City of Centralia (City) to release billing and usage information for the account listed below to Bonneville Power Administration (BPA). This authorization allows BPA to request billing information for up to two years prior to installation and two years following installation of the qualifying DHP. The customer hereby releases the City from any and all liability arising from or related to providing this information. The customer acknowledges and agrees that (i) the City may inspect the DHP to verify qualifying appliances were installed; (ii) the City is not responsible for the production of any estimated energy savings associated with this program; and (iii) the City is not liable for any direct or consequential damages arising from or related to the performance, nonperformance, or lack of energy savings of the installed DHP. The customer shall indemnify and hold harmless the City and its officers, officials, and employees from any and all claims, injuries, damages, losses, or suits (including attorney fees) arising out of or in connection with this program, except to the extent caused by the sole negligence of the City. The City makes no express or implied warranties regarding this program, its policies, procedures, inspections, or any DHP equipment installed by customer, and specifically disclaims any warranty of merchantability or fitness for a particular purpose. The City is only a pass-through agency for this program.

Rebate Designation

I authorize the City to forward my incentive payment to: ☐ Homeowner ☐ Contractor
Once all information is collected, verified, and approved, the rebate will be processed and sent to the party selected above. One reimbursement per residence is allowed. Please allow six to eight weeks for delivery.

Required Signatures

| | | |
|---------------------------|------------------------------------|-------|
| Account Holder Name: | Account #: | Date: |
| Account Holder Signature: | Homeowner Signature, if different: | |

CONTACT US TODAY!

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