



Heat Pump Water Heater Form

All sections must be filled out by the installer at the time of installation. A copy of this completed form and the ORIGINAL purchase receipt or invoice must be promptly submitted to the City of Port Angeles.

Location information

Program Use Only Project ID: _____

Customer Name	Installation Address	City	ST	Zip
Phone	Mailing Address	City	ST	Zip
Email:		Year Built: _____	Heated Area (sqft) _____	
Location Type: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Business				
Heating system: <input type="checkbox"/> Electric Furnace <input type="checkbox"/> Zonal Electric Resistance <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Ducted Heat Pump <input type="checkbox"/> Fireplace/Woodstove/Pellet stove <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Other (specify): _____				
Air Conditioning: <input type="checkbox"/> None <input type="checkbox"/> Central <input type="checkbox"/> Zonal (window and/or wall units) <input type="checkbox"/> Evaporative cooler				
Number of occupants:		Number of water heaters:		
About the Water heater being replaced (this row only):		Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Gas*	Age(years):	Size (gallons):
				Functional? <input type="checkbox"/> yes <input type="checkbox"/> no
* In existing homes, only heat pump water heaters replacing existing electric resistance tanks are eligible.				

Installation Information

Brand Installed	Model	Size (gallons):	Date of installation:
Other Appliances in installation room: <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Furnace <input type="checkbox"/> Other (specify):			
Where was this water heater purchased? <input type="checkbox"/> Installer/Plumber <input type="checkbox"/> Retailer <input type="checkbox"/> Online <input type="checkbox"/> Other:			
Total installed cost (before rebates): \$_____ Break down cost into the categories below: Equipment: \$_____ Labor: \$_____ Electrical: \$_____ Other: \$_____ Specify: _____			
Installation location: <input type="checkbox"/> Conditioned (heated) space <input type="checkbox"/> Unconditioned (unheated) space Specify: <input type="checkbox"/> Garage <input type="checkbox"/> Basement <input type="checkbox"/> Closet <input type="checkbox"/> Utility room <input type="checkbox"/> Laundry room <input type="checkbox"/> Other:			
Installation room size: (length _____) x (width _____) x (height _____) = _____ cu.ft.			
Ducted Installations:	CO Monitor Location:	Ducted out of conditioned space? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of intake duct (ft): _____ Length of exhaust duct (ft): _____

Required Customer and Technician Signatures. Both signatures are required. If installed by the homeowner, the homeowner must also sign the installer section.

By signing below, the homeowner certifies that they understand and agree that they may be contacted for the purpose of scheduling an on-site installation quality assurance visit by a representative of the Heat Pump Water Heater (HPWH) program. This form must be signed by the person whose name appears on the electric utility account. **ENERGY INFORMATION RELEASE:** The undersigned utility customer requests and authorizes the specified utility to release billing and usage information for the account listed below to the HPWH program. With this authorization, the HPWH program can request billing information for up to two years pre-installation and two years post-installation. The utility customer also hereby releases the utility company from any and all liability arising from or connected with providing this information.

A copy of the purchase receipt or installer's invoice is included with this application.
 A completed copy of the manufacturer's Installation Checklist is included with this application.

Electric Utility:	Account #:
Account holder name:	
Account holder signature:	Date:

Manufacturer Training Location:	Date of Training:
Installer name:	<input type="checkbox"/> Contractor <input type="checkbox"/> Non-contractor or Homeowner
Installer signature:	Date:

PRIVACY ACT STATEMENT Basic authority for collecting this information is authorized by 16 U.S.C. §§ 832 et. seq., and 838 et. seq., pursuant to Bonneville Power Administration’s Conservation Program system of records established in 46 FR 31700. This information is primarily intended to further, but is incidental to the performance of, BPA’s overall Energy Efficiency Program, the objective of which is to acquire energy resources through energy efficiency, to determine what cost-effective conservation and direct application renewable resources measures should be installed or adopted under different circumstances, and to provide incentives for the installation of such measures. Other routine issues of this information include: aggregation into a public database on energy efficiency; furnished to authorized personnel for installation/repair of equipment; aggregated into a database for program publicity; and in some instances information regarding buildings will be made available to subsequent purchasers of the buildings. Your disclosure of the requested information is voluntary; however failure to provide requested information means that it will not be possible for you to participate in this BPA Energy Efficiency program.

Notice

Not valid with other BPA or City offers. This is a limited offer and is only available for purchases made after October 1, 2021 and before September 30, 2023. The City reserves the right to change terms, rebates, and requirements without notice. The rebate shall not exceed the actual cost. The rebate is limited to the number of units required at the service address. Products shall not be re-sold. A rebate is not available to replace defective products, for spares, or for replacement of products under the program. Payment of the rebate may take up to four weeks.

By signing the Rebate Application, you agree to the terms and conditions of this special offer. Furthermore, you certify the information provided in the application is complete, true, and correct. This is a limited offer and restrictions apply. You should consult your accountant or the Internal Revenue Service regarding the taxation of the rebate.

The City may inspect the customer’s installation of appliances. Such inspection will verify the customer has electric service from the City, and that qualifying appliances were installed at the customer’s Port Angeles service address in accordance with the City’s offer.

The Customer shall indemnify and hold harmless the City, its officers, officials, employees, and volunteers harmless from any and all claims, injuries, damages, losses or suits, including attorney fees, arising or issuing out of or in connection with this offer, except as may be caused by the sole negligence or willful conduct on the part of the City.

To qualify for a Heat Pump Water Heater rebate from the City of Port Angeles the applicant must be a City of Port Angeles Electric Utility customer or homeowner within the City of Port Angeles. The Heat Pump Water Heater must be listed as a Tier 2 Appliance on BPA’s qualified product list. The qualified product list and additional HPWH information can be found here:

<https://www.bpa.gov/EE/Sectors/Residential/Pages/Heat-Pump-Water-Heaters.aspx> then click on Qualified Products List.

Please return this form along with your original purchase receipt and Appliance rebate application to:

Attn: Conservation
City of Port Angeles
321 E 5th St.
Port Angeles, WA 98362

OFFICE USE ONLY

Appliance purchased between Oct 1, 2021 and Sept 30 2023?	YES - NO	Verify Appliance Status on Qualified Product List	Tier 2-3 -\$600 Tier 4 - \$700
Manufacturer Checklist?	YES - NO	Original Purchase Receipt?	YES - NO
Date Approved		Approved By	