

ELECTRIC REBATE PROGRAM

CITY OF LEXINGTON

Date: _____

Payee – Last Name: _____ **First:** _____ **M.I.** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Soc. Sec. #** _____

Telephone #: _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Contractor: _____ **Tax I.D.#:** _____

Address: _____

This Is: **New:** _____ **or** **Conversion** _____

HEATING
Equipment Installed: _____ **i.e.-heat pump, resistance, baseboard**
KW of Unit: _____

COOLING
Tons: _____
SEER/EER: _____

WATER HEATING
Tank Size: _____ **gallons**
KW of Unit: _____

Signature of Owner: _____