

Energy Efficiency Credit
Application/Certification

Electric Thermal Storage

Today's Date: _____

Date Equipment Installed: _____ mm/dd/yyyy

Consumer Name: _____

Phone: _____

Account Number: _____

Consumer Address: _____

City: _____

State: _____

Zip: _____


Total Number of Units: _____

Brand: _____

Check all that apply:

Replacement of Electric Unit:

Walk-through energy audit performed:

New Load 

Replacing:

Natural Gas
Propane

Other
None

Check Only One (for multiple types of heating fill out multiple forms):

Controlled ETS

Controlled Thermal Slab

Total kW rating:

Comments: _____

REBATE NOT VALID 180 DAYS AFTER PURCHASE DATE

Proof of purchase required for all EEC rebates.

Please use a separate form for each EEC Request