



Date Equipment Installed: _____

Member (Customer) name: _____ Account Number:

Installation Address: _____

City: _____ State: _____ Zip Code: _____

Appliance Type: (select all that apply)

_____ Clothes Dryer

- Manufacturer: _____
- Model Number: _____
- Energy Star Rated (circle) Yes or No.

_____ Refrigerator/Freezer

- Manufacturer: _____
- Model Number: _____
- Energy Star Rated (circle) Yes or No.
- Replacement of working refrigerator? Yes or No.
- Replacement of working freezer? Yes or No.
- Old refrigerator/freezer disposal (circle one)
 - None,
 - still in use at home,
 - recycled,
 - or other.

_____ Induction Cooking

- Manufacturer: _____
- Model Number: _____
- Energy Star Rated (circle) Yes or No.
- Replacement Type: (circle one)
 - New Construction
 - Gas to Electric
 - Electric to Electric