

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: _____ Conversion _____ Upgrade _____

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: _____