



ENHANCED

Lodi Energy Efficient Home Improvement Rebate Program Application Form

CUSTOMER INFORMATION

DATE: _____

First and Last Name (as it appears on the C.O.L. bill) _____

Daytime Telephone _____

Address where item(s) installed _____

Apt. or Space # _____

City _____

State _____

Zip Code _____

Please provide information requested below for products/materials installed. IN ADDITION, PLEASE ATTACH RECEIPT(S) FOR ANY ITEMS PURCHASED TO THIS REBATE FORM, AND MAIL TO: City of Lodi Electric Utility, Attn.: Customer Programs, 1331 S. Ham Lane, Lodi, CA 95242.

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| <p>1. <i>Attic/Wall Insulation</i> _____ R-Value _____ Purchase / Install Date _____</p> | <p>(\$0.45/square foot)
Rebate Amount \$ _____</p> |
| <p>2. <i>Whole House Fan</i> _____ Purchase / Install Date _____</p> | <p>(\$200/fan)
Rebate Amount \$ _____</p> |
| <p>3. <i>Attic Fan</i> _____ Purchase / Install Date _____</p> | <p>(\$80/fan)
Rebate Amount \$ _____</p> |
| <p>4. <i>Shade Screens / Window Tinting</i>
_____ Total Sq. Ft. _____ Purchase / Install Date _____</p> | <p>(\$1.00/square foot)
Rebate Amount \$ _____</p> |
| <p>5. <i>Radiant Barrier / Thermal Shield</i>
_____ Purchase / Install Date _____</p> | <p>(maximum \$300 rebate)
Rebate Amount \$ _____</p> |
| <p>6. <i>HVAC System Performance Test</i>
_____ Test Date _____</p> | <p>(\$200/HVAC repair or replacement)
Rebate Amount \$ _____</p> |
| <p>7. <i>Air Duct Repairs</i> _____ Pre-inspection CFM air loss _____ Post Inspection CFM air loss _____
_____ Repair Date _____</p> <p>(*Note: must meet duct replacement/repair protocols as established by the City of Lodi Electric Utility)</p> | <p>(maximum \$400 rebate)
Rebate Amount \$ _____</p> |
| <p>8. <i>Air Duct Replacement</i> _____ Install Date _____</p> <p>(*Note: must meet duct replacement/repair protocols as established by the City of Lodi Electric Utility)</p> | <p>(maximum \$1500 rebate)
Rebate Amount \$ _____</p> |
| <p>9. <i>High Efficiency Central Air Conditioner (15+ SEER)</i>
_____ Purchase / Install Date _____</p> | <p>(maximum \$350 rebate)
Rebate Amount \$ _____</p> |
| <p>10. <i>Ultra-High Efficiency Central Air Conditioner (17+ SEER)</i>
_____ Purchase / Install Date _____</p> | <p>(maximum \$450 rebate)
Rebate Amount \$ _____</p> |
| <p>11. <i>Heat Pump (8.5+ HSPF for Split Systems or 8.2+ HSPF for package unit)</i>
_____ Purchase / Install Date _____</p> | <p>(maximum \$300 rebate)
Rebate Amount \$ _____</p> |

(over)

(Note: Total rebate amount per customer service address, available until funds are exhausted, is \$600, plus an additional \$400 allowance for air duct repairs, OR an additional \$1500 allowance for air duct replacement, if eligible.)

*Customers must consent to potential pre- and post-inspections.

Total Rebate Requested: _____

I do hereby certify that the information on this application is accurate and that the energy efficiency measure(s) referenced on this application are installed at the address provided by the customer on this application.

CUSTOMER SIGNATURE