

RESIDENTIAL WALL INSULATION PROGRAM

Please complete the **entire form** for rebate processing. An incomplete form will not be processed.

Shaded areas to be completed by Tampa Electric.

PREMISE #	REQUEST #
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Installation Date _____

Name on Account _____ Phone (____) _____

Installation Address _____

City _____ State _____ Zip _____

Homeowner's name and address where rebate check should be mailed, if different:

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Primary Construction Type:

Concrete Block Wood frame Other _____

Heating System: Heat Pump Strip heat Oil
 Gas Other _____

Cooling System: Central/Ducted Window
 Wall Other _____

Age of Home _____

Air-cooled wiring existing Yes No
(i.e., knob and tube wiring)

(Homes constructed prior to 1950 may contain air-cooled wiring)

Product Name _____

Manufacturer _____

R-value _____ (Only exterior walls adjacent
to the living area are eligible)
(must add a minimum of R-11)

Total wall area insulated _____ sq. feet

Proof of purchase attached (paid receipt)
(rebate will not be processed without proper documentation)

Rebate calculation:

Total sq. ft. _____ X \$0.31 = Rebate \$ _____

Contractor's Name (Print) _____
(Indicate if homeowner installed)

Contractor's Signature _____ Date _____

I certify that all statements made in this application are correct to the best of my knowledge, and agree to the terms and conditions of this program.

Homeowner's Name (Print) _____

Homeowner's Signature _____ Date _____

Verification Results

Office/Field Approved: Yes No

Rebate calculation: Total sq. ft. _____ X \$0.31 = Rebate \$ _____

Tampa Electric Representative _____ Date _____

Comments _____

Mail or fax to: Tampa Electric Company, C/O Energy Management Services, P.O. Box 111, Tampa, FL 33601 Fax number: (813) 228-1292