

RESIDENTIAL WALL INSULATION PROGRAM

Please complete the entire form for incentive processing.

Shaded areas to be completed by Tampa Electric

PREMISE # _____	REQUEST # _____
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Customer Name _____ Installation Date _____
Phone (____) _____

Address _____

City _____ State _____ Zip _____

<p>Primary Construction Type: <input type="checkbox"/> Concrete block <input type="checkbox"/> Wood frame <input type="checkbox"/> Other _____</p> <p>Heating System: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Strip heat <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____</p> <p>Cooling System: <input type="checkbox"/> Central/Ducted <input type="checkbox"/> Window <input type="checkbox"/> Wall <input type="checkbox"/> Other _____</p> <p>Age of home _____</p> <p>Air-cooled wiring existing <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e., knob and tube wiring) (Homes constructed prior to 1950 may contain air-cooled wiring)</p>	<p>Product installed:</p> <p>Product name: _____</p> <p>Manufacturer _____</p> <p>R-value _____</p> <p>Wall area insulated _____ sq. feet</p> <p>Note: All exterior walls adjacent to the living area must be insulated</p>
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Contractor Name _____ Phone (____) _____

Contractor Signature _____ Date _____
The signature above certifies the above information is correct and the materials installed is in accordance with program standards.

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 set forth on the reverse side of this application.

Customer Signature _____ Date _____

Customer Name (Print) _____

Verification Results

Office/Field approved: Yes No

Tampa Electric Representative _____ Date _____

Comments _____