



**COMPLETE AND MAIL THE REBATE FORM TO:  
Fort Pierce Utilities Authority – 206 S. 6<sup>TH</sup> Street, Fort Pierce, FL 34950  
772-466-1600**

**Customer Information**

Name \_\_\_\_\_ FPUA Account # \_\_\_\_\_  
Account Holder

Mailing Address \_\_\_\_\_

Installation Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Signature \_\_\_\_\_

(I agree to the qualifications and terms listed below)

**Reimbursement Method:**

- Credit on account
- Donation to Project Care

**Check One:**

- Owner Occupied
- Renter Occupied
- Landlord

Participation in this program does not guarantee that you will receive a rebate. This program will end on September 30, 2018, or when the funds are depleted. Due to the limited amount of rebate funds, rebates will be on a first-come, first-served basis. Rebates are for existing buildings, not for new construction

**CHECK OFF YOUR REBATE(S) • ATTACH REQUESTED DOCUMENTS**

**Solar Hot Water Heater** **Rebate Amount \$450**

Date of Installation: \_\_\_\_\_ Collector Sq ft: \_\_\_\_\_ Collector Manufacturer \_\_\_\_\_

Model# : \_\_\_\_\_ FSEC Certification: \_\_\_\_\_ Type : Passive/Active (Circle One)

Tank Capacity: \_\_\_\_\_ Tank Manufacturer: \_\_\_\_\_

Contractor Information: \_\_\_\_\_  
(Name Address Phone Number)

**Attach: 1.** Original contractor invoice. **2.** FSEC Certification. **Limited to:** One (1) rebate per residential electric customer. Unit must be installed by a licensed Florida contractor. The solar hot water heater system must be new.

**Added Insulation** **Rebate Amount \$0.125/sq. ft. to achieve R-30 (max \$275)** \$ \_\_\_\_\_

**New Insulation** **Rebate Amount \$0.40/sq. ft. R-30 (max \$300)** \$ \_\_\_\_\_

Contractor Information: \_\_\_\_\_  
(Name Address Phone Number)

**Attach: 1.** Original contractor invoice. **2.** Completed Insulation Contractor form (to be completed by the contractor). **Limited to:** One (1) rebate per residential electric customer (2) Valid only on existing air-conditioned homes. Minimum addition of R-19 insulation to existing attic levels. R-30 for adding new insulation. Insulation must be installed by a licensed Florida contractor. Rebate does not apply to wall insulation.

**Energy Star Refrigerator** **Rebate Amount \$50**

Date of Installation: \_\_\_\_\_ Manufacturer # \_\_\_\_\_ Model # \_\_\_\_\_

Size (cu ft) \_\_\_\_\_ Serial# of New Appliance \_\_\_\_\_ Serial # of Old Appliance \_\_\_\_\_

Disposal Method: Disposal/Donate/Recycled (Circle One) Age of old Appliance \_\_\_\_\_ Size of old Appliance (cu ft) \_\_\_\_\_

**Attach: 1.** Original receipt. **Limited to:** One (1) rebate per residential electric customer. FPUA recommends that you dispose of your old refrigerator by calling Waste Pro at 772-595-9390 or the City of Fort Pierce at 772-467-3000.

**Energy Star Room Air Conditioner** **Rebate Amount \$150**

Date of Installation: \_\_\_\_\_ Manufacturer # \_\_\_\_\_ Model # \_\_\_\_\_

SEER \_\_\_\_\_ EER \_\_\_\_\_ Capacity (BTU/Hr) \_\_\_\_\_ Type of Unit: Window/Package/Split (Circle One)

**Attach: 1.** Original receipt. **Limited to:** Two (2) rebates per residential electric customer. Valid on units 10,000 BTU's or larger. Unit must have a 10.7 or greater Energy Efficient Rating.

**Residential High Efficiency Central Air Conditioner Systems (Min. 16 SEER to qualify)** **Rebate Amount \$500**

**Attach: 1.** Original receipt. **2.** Completed Residential High Efficiency Central Air Conditioner Contractor form (must be completed by the contractor). **3.** Copy of permit. **Limited to:** Two (2) rebates per residential electric customer.

- Proof of purchase and proof of installation within 30 days of the purchase and installation date of the qualifying appliance. For proof of purchase, FPUA will accept a store/register receipt from a retailer, an invoice from a builder/contractor or an FPUC merchandise contract.
- For proof of installation, FPUA will accept a store/register receipt from the retailer including installation charges or an installation invoice from builder/contractor documenting the service address where the appliance was installed. You may be subject to a physical inspection of the appliance installation.

**Please sign application prior to submission of rebate application.  
Residential Rebates – Effective October 1, 2017 until funds are depleted.**



## FPUA Residential High Efficiency Central Air Conditioning Contractor Form

Customer Name:		Date of Repair/Installation:
Address of Installation:		
Contractor/Company Info:		
	Name	Address
		Phone Number

Contractor FL License #: \_\_\_\_\_

New Central A/C System     Straight Cool     Heat Pump     Heat Pump/Water Source

Part of Multi System                       Yes  No                      Number of A/C Systems in Home \_\_\_\_\_

Brand Mfg. \_\_\_\_\_                      ARI Reference No. \_\_\_\_\_

Outdoor/Package Unit Model No. \_\_\_\_\_                      Coil Model No. \_\_\_\_\_

Indoor Model No. \_\_\_\_\_                      Required Accessories (i.e. TXV, LLS, TD) \_\_\_\_\_

Cooling BTUH's \_\_\_\_\_ SEER (Min. 16 SEER)                      If Load Calc. submitted: Equip. sensible BTUH \_\_\_\_\_

Equip. latent BTUH \_\_\_\_\_

Heating Type  None     Oil     Gas     Heat Pump     Other     Electric resistance KW \_\_\_\_\_

Heating BTUH's \_\_\_\_\_ Coefficient  H.S.P.F.     C.O.P. Value \_\_\_\_\_

Dual Compression  Yes     No

Does unit have hard start kit installed  Yes     No (Required for 48,000 BTUH compressor capacity and larger units)

MFG's recommended refrigerant pipe size: Suction \_\_\_\_\_                      Actual size suction \_\_\_\_\_

Contractor Signature \_\_\_\_\_                      Date: \_\_\_\_\_

**This form must be completed by the Installing Contractor.**



**Insulation Contractor Form  
New/Added Insulation**

Contractor Name:			
Contractor Address:			
Address of Installation:			
FPUA Account Number:			
Applicant Phone Number:			
Check One:	<input type="checkbox"/> New Insulation	<input type="checkbox"/>	<input type="checkbox"/> Added Insulation

**Insulation Specifications - To be Completed by Contractor**

	FLOOR OR ATTIC	SQ. FOOTAGE	TYPE	DEPTH	R-VALUE	DATE INSTALLED	OWN/RENT
<b>Added Insulation</b>							
<b>New Insulation</b>							

I certify that the information I have provided is true and accurate. I also understand that onsite verification may be required.

\_\_\_\_\_  
Installing Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FPUA Customer Signature

\_\_\_\_\_  
Date

**This form must be completed by the Installing Contractor.**