



**COMPLETE AND MAIL THE REBATE FORM TO:
Fort Pierce Utilities Authority – 206 S. 6TH 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, 2019, 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, 2018 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
Added Insulation							
New Insulation							

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.