

ELIZABETHTON ELECTRIC
RESIDENTIAL WATER HEATER PROGRAM
******REBATE APPLICATION******

HOMEOWNER _____ ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ DAY TIME PHONE (IF OTHER) _____

PLACE OF PURCHASE _____ DATE PURCHASED _____

PURCHASE PRICE _____ DATE OF INSTALLATION _____

INSTALLED BY _____ TANK SIZE (GALLONS) _____

MANUFACTURER _____ WARRANTY (YEARS) _____

SERIAL NUMBER _____ MODEL NUMBER _____

TYPE OF INSTALLATION (CIRCLE ONE):

REPLACEMENT NEW CONSTRUCTION CONVERSION (GAS TO ELECTRIC)

IMPORTANT NOTE: ELIZABETHTON ELECTRIC NEITHER WARRANTS NOR INSPECTS THE EQUIPMENT, INSTALLATION, OR WIRING OF THIS WATER HEATER AND IS NOT RESPONSIBLE FOR ANY DEFECTS IN ITS INSTALLATION OR PERFORMANCE. IN ORDER TO BE ELIGIBLE FOR THIS REBATE PROGRAM, THE APPLICANT/HOMEOWNER MUST AGREE TO AN ON-SITE VERIFICATION OF THE WATER HEATER INSTALLATION BY AN AUTHORIZED EED OR TVA REPRESENTATIVE.

SIGNATURE (HOME OWNER) _____ DATE _____

EED REPRESENTATIVE _____

EED INSPECTOR VERIFICATION: DATE OF VERIFICATION _____ GALLON SIZE _____

MANUFACTURER _____ MODEL _____ SERIAL NUMBER _____

HOMEOWNER SIGNATURE OF VERIFICATION _____ DATE _____