

Coast Electric Power Association
Comfort Advantage Program
Rebate Reporting Form

Contractor Name:			
Homeowner/Member			
Service Address:			
			City, State, ZIP:
If rebated to person other than member, mail to (below):			
Name:			Start Construction:
Address:			Completed Construction:
City, State, ZIP:			Final Inspection:
		Phone:	
Owner/Contractor:			
Insulation Contractor:		No. Floors:	H&C FT:
HVAC Dealer:			Doors:
Attic Ventilation:			Windows:
Gas Appliances:			U-Values:
Water Heater:			R-Values:
Thermostat:			Walls: R-
Ductwork:			Ceiling: R-
			Floor: R-
HVAC Unit 1	Air or Geothermal:		HVAC Unit 2 Air or Geothermal:
Brand:			Brand:
Model No. In			Model No. In
Serial No. In			Serial No. In
Model No. Out			Model No. Out
Serial No. Out			Cooling Cap.
HVAC Unit 3	Air or Geothermal:		HVAC Unit 4 Air or Geothermal:
Brand:			Brand:
Model No. In			Model No. In
Serial No. In			Serial No. In
Model No. Out			Model No. Out
Serial No. Out			
TOTAL # HVAC			
NOTES:			