



NWEC REQUEST FOR HOME STANDBY GENERATOR REBATE

NAME :

LOCATION ADDRESS:

MAILING ADDRESS:

CITY : STATE : ZIP :

CELL : HOME :

NWEC Acct. #

Gen. Fuel Supply Natural Gas
 Propane

Sq. ft. Home

Whole Home Partial Home

HOME ESSENTIALS

Please provide the number beside each appliance or us N/A.

<input type="text"/>	Sump Pump	<input type="text"/>	Elec Stove/Oven	<input type="text"/>	Hot Tub	<input type="text"/>
<input type="text"/>	Well Pump	<input type="text"/>	Elec Dryer	<input type="text"/>	Pool Pump	<input type="text"/>
<input type="text"/>	Gas Heat	<input type="text"/>	Refrigerator	<input type="text"/>	Add. Appliances	
<input type="text"/>	Elec Heat	<input type="text"/>	Freezer	<input type="text"/>		
<input type="text"/>	Central Air	<input type="text"/>	Microwave	<input type="text"/>		
<input type="text"/>	Elec Water Heater	<input type="text"/>	Dishwasher	<input type="text"/>		

* Pictures Electric Panel Box Information Label on A/C Compressor
 Double Throw Switch Generator Installed

Double Throw Switch
 Size of generator
 Brand of generator
 Installer Name
 Installer License/Co.

Phone :

***Include invoice with installation date.**

<i>NWEC Office Use</i>	
Received by :	<input type="text"/>
Date Received	<input type="text"/>
Rebate Issued	<input type="text"/>