

# HVAC (AC) TUNE UP REBATE CHECKLIST APPLICATION

## HVAC (AC) TUNE-UP REBATE:

Complete and return this form along with a copy of the paid invoice, within 90 days of the invoice date, to [ResidentialRebates@oppd.com](mailto:ResidentialRebates@oppd.com) or send by mail to the address below. Program qualifications can be found in the Terms & Conditions located at:

<https://www.oppd.com/hvactuneup>

NOTE: This rebate is specifically for the tune up of your air conditioning system. A tune up of your heating system will not qualify.

## **CUSTOMER INFORMATION: (enter information as it appears on your OPPD bill)**

OPPD Account # \_\_\_\_\_

Name on OPPD Account \_\_\_\_\_

Street Address on OPPD Account \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Was this tune-up completed at the above address:  Yes  No

Do you agree to the Terms & Conditions outlined for the program?  Yes  No

## **HOME DETAILS:**

What year did you move into your current residence (YYYY) \_\_\_\_\_

Do you currently:  Own  Rent

### **Is your current residence a: (Select one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single family home | <input type="checkbox"/> Multi-family home | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Duplex             | <input type="checkbox"/> Townhome          | <input type="checkbox"/> Apartment         |
| <input type="checkbox"/> Condominium        | <input type="checkbox"/> Mobile home       |  |

## **HVAC (AC) TUNE-UP DETAILS:**

Date AC tune-up was completed (MM/DD/YYYY) \_\_\_\_\_

Company that completed the AC tune-up: \_\_\_\_\_

Cost of AC tune-up (Exclude any additional charges): \$ \_\_\_\_\_

Do you have a home warranty or maintenance service agreement for your HVAC system?  Yes  No

Year previous HVAC tune-up was completed (YYYY) \_\_\_\_\_

- No previous HVAC tune-up

**COOLING SYSTEM DETAILS:**

Year was your cooling system was installed (YYYY) \_\_\_\_\_ (n/a if unknown)

**Cooling system type: (Select one)**

Central Air Conditioner       Air Source Heat Pump       Water Source Heat Pump

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**HEATING SYSTEM DETAILS:**

Year was your heating system was installed (YYYY) \_\_\_\_\_ (n/a if unknown)

**Heating system type: (Select one)**

\_\_\_\_ Natural Gas      \_\_\_\_ Electric      \_\_\_\_ Propane      \_\_\_\_ Other

\* \* \* \* \*

**The following section should be completed by the HVAC system contractor who completed the tune-up.**

**HVAC TUNE-UP CHECKLIST:**

- |                               |  |
|-------------------------------|--|
| ____ Clean Condenser Coil     | ____ Check Refrigerant Charge            |
| ____ Check Indoor Coil        | ____ Check Belt / Lube Motor, if Needed  |
| ____ Blow Out Drain Line      | ____ Perform Visual Inspection of System |
| ____ Discuss Proper Operation | ____ Filter Service Schedule             |

Comments: \_\_\_\_\_

**CONTRACTOR (DEALER) INFORMATION:**

Company Name: \_\_\_\_\_ Date of Tune-Up: \_\_\_\_\_

Technician Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

\* \* \* \* \*

I certify the tune-up, for which I am claiming an incentive for, was performed within the guidelines of the program. The utility reserves the right to inspect the work performed to ensure compliance.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Residential Rebates Mailing Address:**

Omaha Public Power District  
ATTN: AC Tune Up  
444 S 16<sup>th</sup> St Mall, 3E  
Omaha, NE 68102



