

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 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 16th St Mall, 3E
Omaha, NE 68102



