



Incentive number: _____

Low Income Weatherization Rebate Form

FPL Customer Account Number: _____

Customer Intake Information

Customer Name: _____

Service Address: _____

City: _____ Zip: _____

Completed Measures *(Mark completed measures only)*

Installation Date: _____

Measure

Incentive Amount

| | | |
|-----------------------|--------------------------|------|
| Infiltration | <input type="checkbox"/> | \$90 |
| HVAC Inspection | <input type="checkbox"/> | \$80 |
| Outdoor Coil Cleaning | <input type="checkbox"/> | \$60 |
| Pipe Wrap | <input type="checkbox"/> | \$40 |
| Low Flow Showerhead | <input type="checkbox"/> | \$30 |
| Facet Aerator | <input type="checkbox"/> | \$10 |
| Duct | <input type="checkbox"/> | \$60 |
| LED Lights | <input type="checkbox"/> | \$5 |

Total Incentives \$ _____

Agency Name: _____

Agency Vendor Number: _____