



NWEC REQUEST FOR HOME STANDBY GENERATOR REBATE

NAME :

ADDRESS :

CITY :  STATE :  ZIP :

CELL :  HOME :

NWEC Acct. #

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.**

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

\*Provide Pictures of Electric Panel Box & the information label on the A/C Compressor & Air Handler

Double Throw Switch

Size of generator

Brand of generator

Installer Name

Installer License/Co.

Phone :

\*Include invoice with installation date.

*NWEC Office Use*

Received by :

Date Received

Rebate Issued