



Power Credit Participation Enrollment Information

Account #: _____

NAME: _____
First Last

ADDRESS: _____
Street Apt, Number, Suite or Unit

City _____ State _____ Zip Code _____

County _____

PHONE: _____
daytime telephone evening telephone

E-MAIL: _____

	YES	NO
1. I am the owner of a single-family home, manufactured home, condominium or townhouse.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have centrally cooled air conditioning/heat pump.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the air conditioner/heat pump within a fenced area?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the area accessible (unlocked and dog free)? Provide additional explanation/instructions below.	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & INSTALLATION INFORMATION

CONGREGATION
