

PROGRAM CHECKLIST & CLAIM FORM - SYSTEM PURCHASE (must be completed in full by a technician, see terms and conditions on reverse)

First Name: HENRY Service Address: 40 Stirling MacGregor Dr. City: CAMBRIDGE Postal Code: N1S 4N5

Last Name: Wolkowicz Telephone No.: 519-623-3182

P.O. Box # _____ Ontario _____

PLEASE PRINT IN PEN

SERVICES PERFORMED

☒ ECM Equipped Furnace/Air Handler Installed

☒ Programmable Thermostat Installed

☒ ENERGY STAR® Qualified Central A/C or HP System Installed

FURNACE/AIR HANDLER

EXISTING Manufacturer: <u>Olsen</u> Brand Name: <u>Duomatic Olsen</u> Model Number: <u>HCS-90/80</u> Serial #: <u>9193HCFN</u> AFUE: <u>75</u> Fuel Source: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric (estimate if necessary)	REPLACEMENT Manufacturer: <u>KANE</u> Brand Name: <u>KANE</u> Model Number: <u>28080A9V3VAA</u> Serial #: <u>7392KKU7G</u> AFUE: <u>75</u> Fuel Source: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric Heat loss/heat gain calculation completed <input type="checkbox"/>
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AIR CONDITIONER/HEAT PUMP

EXISTING Manufacturer: <u>Keeprite</u> Brand Name: <u>Keeprite</u> Condensing Unit Model #: <u>SSC-24-1D</u> Serial #: <u>5151212285</u> SEER: <u>8</u> Evaporator Coil Model #: <u>SSC-24C</u> HSPF (if applicable): _____ Heat loss/heat gain calculation completed <input type="checkbox"/>	REPLACEMENT Manufacturer: <u>KANE</u> Brand Name: <u>KANE</u> Condensing Unit Model #: <u>4TR4029A1000AA</u> Serial #: <u>7354TGHTF</u> SEER: <u>19</u> Evaporator Coil Model #: <u>CA30C44-160K-000081177</u> HSPF (if applicable): _____ Heat loss/heat gain calculation completed <input type="checkbox"/>
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Company Name: Direct Energy Technician First Name: Jason Last Name: Cochrane

Contractor Registration # 1149

C of Q Number: 3130-446246 [required for A/C installation]

Gas Technician 2 # or Oil Burner Technician 2 #: 0733936 G-2 [required for Furnace installation]

Technician Signature: Jason Cochrane Date: OCT. 12/07

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REMITTANCE COPY (YELLOW)

HRAI COPY (PINK)

CONTRACTOR COPY (BLUE)

HSR FORM



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