

RESIDENTIAL WINDOW FILM PROGRAM

Please complete the entire form for incentive processing. Only one incentive payment will be issued per home.

Shaded areas to be completed by Tampa Electric

PREMISE #	REQUEST #
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Installation Date _____
Customer Name _____ Phone (____) _____
Address _____
City _____ State _____ Zip _____

<p>Product Name _____ Manufacturer's Name _____ Manufacturer's rated shading coefficient: _____ <small>(Must be .45 or less)</small></p> <p>External shading: <input type="checkbox"/> None <input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Proof of purchase attached (paid receipt) (incentive will not be processed without proper documentation)</p>	<p>Please provide square footage by qualifying orientation. All East and West facing windows require film. (North and South facing windows do not qualify)</p> <p>East _____ sq. ft. West _____ sq. ft. Total sq. ft. _____</p> <p>Incentive calculation: (maximum amount \$200) Total sq. ft. _____ x \$1.00 = Incentive \$ _____</p> <p><i>Window film will not be required for eastern or western orientations that have no exposure (e.g., an east facing window located under a porch/lanai).</i></p>
<p>Heating System: <input type="checkbox"/> Heat Pump <input type="checkbox"/> Strip Heat <input type="checkbox"/> Gas <input type="checkbox"/> Oil</p> <p>Cooling System: <input type="checkbox"/> Central/Ducted <input type="checkbox"/> Window <input type="checkbox"/> Wall</p>	

Customer Signature _____ Date _____

Verification Results

Office/Field: Yes No Incentive calculation: (maximum amount \$200)
Total sq. ft. _____ x \$1.00 = Incentive \$ _____

Tampa Electric Representative _____ Date _____

Comments _____

Mail or fax to: Tampa Electric Company, C/O Energy Management Services, P.O. Box 111, Tampa, FL 33601 Fax number: (813) 228-4140