



# Heat Pump Water Heater Installation Form

A purchase receipt or invoice for the heat pump water heater must be included with this form.

## Household Information

Customer Name		Installation Address	
City	State	Zip	Customer Phone
Home Type: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> New Construction Site Built <input type="checkbox"/> Manufactured			
Existing Heating System: <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Electric Forced Air w/ AC <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Natural Gas Furnace <input type="checkbox"/> Other Non-Electric Space Heating: _____			
Number of Water Heaters in Home: _____ Before This Installation _____ After This Installation		Number of Occupants: _____	
Information about the water heater being replaced (this row only):	Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Gas* <input type="checkbox"/> Propane*	Age (years): _____	Size (gallons): _____

## Installation Information

Brand Installed:	Model:	Size (gallons):	Installation Date:
<b>Installation Checklist</b> <input type="checkbox"/> There is adequate clearance to remove the air filter <input type="checkbox"/> Earthquake strapping is installed <input type="checkbox"/> Installation complies with code* <input type="checkbox"/> Condensate line drains at a slope to a drain or exterior location or a condensate pump is installed			
Where was this water heater purchased? <input type="checkbox"/> Installer <input type="checkbox"/> Retailer <input type="checkbox"/> Online <input type="checkbox"/> Other (specify): _____			
Total Installed Cost (before rebates): \$ _____ Please break down total cost into the categories below: Equipment: \$ _____ Labor: \$ _____			
Installation Location: <input type="checkbox"/> Interior Heated Location <input type="checkbox"/> Unheated Location		<input type="checkbox"/> Garage <input type="checkbox"/> Basement <input type="checkbox"/> Other _____	
Installation Room Size (feet): (length _____) x (width _____) x (height _____) = _____ cu.ft.			
Installation Company (if applicable) _____			

\*For do-it-yourself conversions from gas appliances to electric appliances, please check with your natural gas provider for any safety guidelines that you may be required to follow. It is always recommended that a licensed professional perform all installation work according to all local codes.