



Energy Management Program

Member Must Complete:
 Member: Please fill out the top portion of this form and return it to: Henry County REMC, P.O. Box D, New Castle, IN 47362 or Fax: (765) 529-1667.

Name:	Acct.#:	
Mailing Address:	City:	Zip:
Service Address:	Ph:	Cell Ph:
Best Time to Call:	# of people in household:	
I am interested in having a device installed on my (check all that applies): <input type="checkbox"/> Central Air Unit <input type="checkbox"/> Heat Pump <input type="checkbox"/> Water Heater _____ Gallon Electric		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent (Landlord must approve)
Have you applied for an REMC rebate in 2010 on any units selected above?		Which ones?
<i>By signing this form, I am agreeing to have an electrician contracted by REMC to install a load control device in my home.</i>		
Signature:		Date:

Contractor Must Complete:

COOLING UNIT: Manufacturer: _____ Did A/C unit function properly after box was installed?	DRU Box Location:
WATER HEATER: Model#: _____ Water Heater Location: <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Utility Room <input type="checkbox"/> Other _____	DRU Box Location:
DRU: DRU Serial#: _____ Date Installed: _____ Company: _____ Install Time In: _____ Installed by: _____ Install Time Out: _____	

REMC Use Only:

W/O#:	Acct#: 107.5 Dept#: 50
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