

ELECTRIC WATER HEATER CREDIT CERTIFICATION

Butler Public Power District

1331 N 4th St, David City, NE 68632

402-367-3081 · FAX 402-367-6114

I, _____, am presently receiving electric service from Butler PPD, and request a monthly credit toward my facility charge.

The following conditions and requirements are hereby agreed to by Butler Public Power District (BPPD) and the above identified customer.

1. **BPPD Service:** The water heater must be connected to a BPPD service.
2. **Proper Installation:** It is the customer's responsibility to have the water heater installed in compliance with the National Electrical Safety Codes by a qualified person and the customer holds BPPD harmless from any and all liability arising from the installation and operation of the water heater.
3. **Minimum Capacity:** The water heater shall have a minimum tank capacity of 40 gallons. Tankless water heaters do not qualify.
4. The electric water heater provides 100% of the domestic water heating for this home (except for energy supplied from an electric heat pump desuperheater).
5. **Proof of Installation:** The customer grants BPPD the right to enter into and upon the customer's premises, when the customer is present, for the purpose of verifying the installation and use of the electric water heater.

Effective March 1, 2007 BPPD will apply a credit to the monthly residential facility charge to qualified customers as long as the electric water credit practice exists. The BPPD Board has the right to discontinue the practice at anytime.

*Customer Name (as it appears on your account) _____

*Mailing Address _____

Social Security Number _____ E-mail _____

*Home Phone _____ Cellular Phone _____ Work Phone _____

Place of Employment _____

*Property Owner _____ Phone Number _____

Mailing Address _____

*Account Number _____ *Service Address _____

*Water Heater Make _____ *Model _____ *Water Heater Size _____

Main Heating Source For Your Home: Electric Furnace Electric Baseboard Heat Pump Other

(* Required Information)

The Applicant declares under penalty of perjury under the laws of the State of Nebraska that the information provided in this form is true and accurate to the best of his/her knowledge.

Applicant Signature: _____ Date _____

Approved By
District Representative: _____ Date _____