



# High Efficiency for Low Income Program (HELP) Customer Sign Off Form for Retrofit Measure Installation

Installation Contractor: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Existing Equipment Specs			
Unit Type	Manufacturer	Model #	Serial #

New Equipment Specs			
Unit Type	Manufacturer	Model #	Serial #

**Please read the following carefully and sign below if you agree:**

You have been delivered equipment per the High Efficiency for Low-Income Program (HELP) as administered by AEP Ohio. By signing this form, for any equipment hauled away, you certify that you are the owner or the owner's authorized representative of the above equipment and that this ownership is free of liens, security interest or other encumbrances. Furthermore, by your signature below, you transfer the ownership of the equipment listed above to the installation contractor to be responsibly disposed of.

You agree that the new equipment delivered to you is **working and acceptable**, and that **no damage** was caused to your home by the delivery of the new equipment and/or the extraction of the old equipment.

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_