



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 Ohio Power. 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: _____