

**2009 CASH REWARD CLAIM FORM — IOWA
 REPLACEMENT WINDOWS AND DOORS**
You must complete all information to avoid claim denial or processing delays.

(Cut from product box)



CUSTOMER INFORMATION					
Person or Company Receiving Cash Reward			Mailing Address (if different than installation address)		
Installation Address			City		
City	State	Zip	State	Zip	
IPL Account No. (at installation address)			Name on IPL Account		
Contact Person			Phone No. ()		
Residential Building Type				Approximate Year Building Was Constructed (required)	
<input type="checkbox"/> Single-Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apt./Condo (3+ Units)					
Primary Heating Source		Primary Cooling Source (If you receive only electricity from IPL, you must air condition your premise to qualify for cash reward.)			
<input type="checkbox"/> Gas <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Other		<input type="checkbox"/> Geothermal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Room Air Conditioning <input type="checkbox"/> None			
Non-Residential Building Type (check only one)					
<input type="checkbox"/> Type #1 Convenience Store Grocery Restaurant		<input type="checkbox"/> Type #2 Apt./Condo (3+ Units) Hospital Lodging		<input type="checkbox"/> Type #3 Church Health Clinic Warehouse Other Commercial	
		<input type="checkbox"/> Type #4 Education Office Retail		<input type="checkbox"/> Type #5 Industrial	
				<input type="checkbox"/> Type #6 Agriculture Farm Building	
Tax Status					
<input type="checkbox"/> Residential <input type="checkbox"/> Sole-Proprietor* <input type="checkbox"/> Partnership* <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Religious					
*If sole-proprietor or partnership, you must provide a Social Security or Federal Tax ID number and the associated legal name listed on the document.					
SSN or Fed. Tax ID: _____			Legal Name: _____		

ENERGY STAR® DOOR INFORMATION (Complete for each door. List additional doors on page 2.)											
Door Length	Width	Total Sq. In.	Sq. Ft.	No. of Doors	Total Sq. Ft.	Solid Door R-5 to R-10 \$25 per Door	Solid Door R11 or Greater \$50 per Door	Glass Entry 50% Glass, U-Factor ≤ 0.35 \$25 per door	U-Factor/R-Value (required)	Manufacturer	Model
_____ x _____	= _____	÷ 144 = _____	x _____ = _____	x _____ = _____	\$ _____ or \$ _____	or \$ _____	or \$ _____	_____	_____	_____	_____
_____ x _____	= _____	÷ 144 = _____	x _____ = _____	x _____ = _____	\$ _____ or \$ _____	or \$ _____	or \$ _____	_____	_____	_____	_____
* Maximum of 5 doors per residential building and 10 doors per commercial building. Minimum of 8 square feet per door.											

ENERGY STAR WINDOW INFORMATION (Complete for each window. List additional windows on page 2.)										
Window Length	Width	Total Sq. In.	Sq. Ft.	No. of Windows	Total Sq. Ft.	\$25 per Window	U-Factor (required)	Manufacturer	Model	Window Type
_____ x _____	= _____	÷ 144 = _____	x _____ = _____	x _____ = _____	\$ _____	_____	_____	_____	_____	_____
Total # of windows installed _____										
* Minimum of 8 square feet per window. One opening equals one window.										

DEALER INFORMATION					
<input type="checkbox"/> Self-Installed <input type="checkbox"/> Dealer-Installed		Date Equipment Installed	Purchased At (Dealer Name)		
Dealer ID No.		Dealer Address			
City	State	Zip	Phone No. ()		

CUSTOMER AGREEMENT		
I certify the ENERGY STAR rated replacement door(s)/windows were purchased between January 1, 2009 and December 31, 2009, and installed by February 28, 2010. All statements made in this application are correct. I agree to the terms and conditions in the 2009 Cash Rewards booklet.		
Customer Signature	Date	Donate your cash reward to IPL's Hometown Care Energy Fund and help local families in need (tax deductible). <input type="checkbox"/> Yes <input type="checkbox"/> No
Mail copy of itemized sales receipt, along with completed claim form within 90 days of installation to: IPL • Energy-Efficiency Programs • P.O. Box 351 • Cedar Rapids, IA 52406-0351		

