



**2009 CASH REWARD CLAIM FORM — IOWA
ANNUAL HEATING SYSTEM MAINTENANCE**

You must complete all information to avoid claim denial or processing delays.

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 (Non-Residential Buildings not eligible for heating system inspection cash reward)				Approximate Year Building Was Constructed (required)	
<input type="checkbox"/> Single-Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apt./Condo (3+ Units)					
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: _____		

ANNUAL HEATING SYSTEM MAINTENANCE INFORMATION		
Date Conducted	Furnace Btuh	
Primary Heating Source <input type="checkbox"/> Gas <input type="checkbox"/> Other		
Service Cost \$	Cash Reward (\$30.00. Not to exceed 50 percent of service cost) \$	Professionally conducted natural gas furnace system clean and tune. Customer must receive heating energy from IPL.

DEALER INFORMATION			
Dealer I.D. No.	Dealer Name	Phone No. ()	
Address	City	State	Zip

CUSTOMER AGREEMENT		
I certify an Annual Heating System Maintenance was conducted between January 1, 2009 and December 31, 2009. 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 invoice or 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		