

# Fayetteville Public Works Commission

## Insulation Replacement Program Application

**Important: Application must be submitted within six (6) months of installation. A copy of itemized invoice/receipt from licensed contractor must be attached.**

### Eligibility Requirements

1. Applicant must be PWC residential Customer with active electric service in good standing
2. Applicant must be a homeowner and account holder of record where insulation is installed
3. Applicant must apply for bill credit within **six (6) months** of purchase and installation date
4. Insulation must meet the Program's required R-Value for attic and/or crawl space (See FAQ)
5. Submit original or copy of the paid and dated receipt or invoice within six (6) months of purchase and installation
6. Work must be completed by a licensed contractor
7. Applicant must submit all paperwork required of this Program (email: [customer.programs@faypwc.com](mailto:customer.programs@faypwc.com))
8. Agree to Terms and Conditions of this Program

### Applicant Information

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_  
*First Last MI*

Address: \_\_\_\_\_  
*Street Address Apt. #*

\_\_\_\_\_ *City State Zip Code*

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

✓ Text Available:  Mobile Number: \_\_\_\_\_   
*with area code vOwn Home*

### Insulation Information

Attic insulation must be R-19 or less and upgraded to R-38 or greater. Crawl space insulation must be R-13 or less and upgraded to R-19 or greater.

Attic Insulation Old Insulation R-Value	Attic Insulation <b>NEW</b> Insulation R-Value	Bill Credit	Total Price (without tax)	Contractor	Date Installed
		\$125			
Crawl Space Insulation Old Insulation R-Value	Crawl Space Insulation <b>NEW</b> Insulation R-Value	Bill Credit	Total Price (without tax)	Contractor	Date Installed
		\$125			

### Signature

I have read, understand, and agree to the Program Terms and Conditions, disclaimers, limitations of liability and release as it pertains to this Program. I declare under penalty of perjury of the laws of the State of North Carolina that all of the information provided herein is true to the best of my knowledge. I hereby certify that I am the authorized account holder at the address listed above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Customer/Account Holder Signature (REQUIRED)*