

Fayetteville Public Works Commission

Commercial HVAC Maintenance Program

Important: At least two itemized invoice/receipt must be attached for bi-annual maintenance (if completed by a licensed contractor)
OR

At least two signed maintenance checklist for biannual maintenance (if completed by qualified in-house facilities staff).

Eligibility Requirements

1. Applicant must be an active PWC non-residential electric customer in good standing.
2. Qualified applicant is eligible for one (1) bill credit per service address per year.
3. Applicant agrees to complete on a **bi-annual** basis: Clean cooling equipment, check refrigerant charge, inspect belts and pulleys, inspect electrical connections, verify thermostat operation, measure supply/return temperatures, inspect ductwork for leaks/damage, verify economizer operation (if equipped), check outdoor air dampers, motors and controls, check motor amperage, lubricate bearings as needed, verify control sequences, test occupancy schedules, heat pumps/heating systems, inspect reversing valve, test supplemental heat, and verify heat pump performance.
4. Applicant agrees to complete on a **monthly** basis: Replace or clean filters on a monthly basis
5. Applicant must submit copy of contractor invoices OR maintenance checklists (completed by qualified in-house facilities staff)
6. Applicant signed maintenance checklist should include: date completed, equipment identification, employee signature, and manager approval
7. A Non-Residential Small TOU customer is eligible for bill credit of \$75 per year
8. A Non-Residential Medium TOU customer is eligible for bill credit of \$100 per year
9. Applicant must submit all paperwork required of this Program (email: customer.programs@faypwc.com)
10. Applicant must agree to Terms and Conditions of this Program

Applicant Information

Account Number: _____

Account Name: _____
First Last MI

Address: _____
Street Address Apt. #

_____ *NC* _____
City State Zip Code

Phone: _____ Email : _____

✓ Text Available: ☐ Mobile Number: _____
with area code

Which non-residential customer class are you? ☐ ☐
Small TOU Medium TOU
\$75 \$100

Have you completed all bi-annual maintenance listed above? ☐ ☐
Yes No

Have you replaced or cleaned all air filters on a monthly basis? ☐ ☐
Yes No

***Please provide either two receipts OR two signed checklists for bi-annual maintenance**

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)