

Ameren Missouri Heating and Cooling Program

Data Collection Form for Installation of New HVAC Equipment

Property Information

Residence			
Customer Name:	Email:	Phone:	Ameren Missouri Electric Account Number:
Address:		City:	ZIP:
Rebate Reassignment: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the rebate reassignment form.</i>			
Residence Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Building With 4 Units or Fewer <input type="checkbox"/> Building With More Than 4 Units			
Project Type: <input type="checkbox"/> Existing home, replacing an existing HVAC system <input type="checkbox"/> Newly constructed home <input type="checkbox"/> New addition to an existing home <input type="checkbox"/> Conditioning a previously unconditioned space <input type="checkbox"/> Existing home with no existing air conditioning <input type="checkbox"/> Existing home with room air conditioners only <input type="checkbox"/> Supplemental to existing conditioned space			
Number of HVAC Systems: _____ of _____		Primary Existing Heating Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Heating Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas

Existing System Conditions/Replaced Equipment

Existing System Conditions		
Type of Equipment Removed (Check all that apply): <input type="checkbox"/> New Construction/None <input type="checkbox"/> AC <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Gas Boiler <input type="checkbox"/> Electric Resistance Furnace <input type="checkbox"/> Air-Source Heat Pump <input type="checkbox"/> Ground Source Heat Pump		
<input type="checkbox"/> Operating (The compressor is operational) <input type="checkbox"/> Failed (The compressor is not operational)		Removed System Age (In years) _____
Replaced System Information		
CAC or ASHP or Mini/multi-split:	Outdoor Unit Manufacturer:	Outdoor Unit Model Number:
		Outdoor Unit Removed SEER:
Ground Source Indoor Unit:	GSHP Manufacturer:	GSHP Indoor Unit Model Number:

New Equipment/System

Distributor Name:		Contractor Name:		Install Date:	
Central Air Conditioner or Air-Source Heat Pump System (Including mini-multi-split)					
Outdoor Unit:	Make:	Model:	Serial Number:	Tons:	SEER:
					AHRI Cert. No.:
Indoor Coil:	Make:	Model:	Number of Indoor Unit Heads (Ductless systems only):		
Furnace or Air Handler:	Make:	Model:			
Ground Source Heat Pump (System only)					
Make:	Model:	Serial Number:	Tons:	EER Cooling Partial Load:	
Type of Loop: <input type="checkbox"/> Water Loop <input type="checkbox"/> Groundwater <input type="checkbox"/> Ground Loop					AHRI Cert. No.:
Smart Thermostat (See website for qualifying list)					
Smart Thermostat:	Make:	Model:			
	What thermostat is being replaced? <input type="checkbox"/> Manual <input type="checkbox"/> Programmable <input type="checkbox"/> Smart				
	What does the thermostat control? <input type="checkbox"/> CAC with electric heat <input type="checkbox"/> CAC with non-electric heat <input type="checkbox"/> ASHP <input type="checkbox"/> Other _____				

Offer applies only to qualifying purchases. Visit AmerenMissouriSavings.com/HVAC for program details.



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