

ODOE Community Heat Pump Deployment Program
Contractor Project Form, Greater Eastern Oregon, 2024-2025, August Update

Client's Name:

Client's Physical Address:

Contractor Name:

CCB #:

Contact Name:

Address:

Email Address:

Phone Number:

Date Job Completed:

Equipment Specifications -

Type (i.e. split system, single package, 1:1 or 2:1):

Make:

Model #:

HSPF2 Rating:

OR

SEER2 Rating:

Total Project Costs: \$

Please Attach:

- A detailed invoice of the project
- Images of the indoor units installed and the exterior unit installed

By signing below, CONTRACTOR verifies the above information is true and accurate.

PRINTED NAME OF CONTACT RESPONSIBLE FOR PROJECT INSTALLATION:

CONTRACTOR SIGNATURE: