NEBRASKA ENERGY OFFICE

State of Nebraska Weatherization Assistance Program

LIHEAP Emergency Heating/Cooling Repair/Replacement Bid Form

Form WX25

Client Name: Job Number:

Address: City: Phone Number:

Existing Heating/Cooling Equipment Information

Building Type:	Fuel Type:	Heating System Type:	Cooling System Type:
☐ Frame	☐ Nat. Gas ☐ Propane ☐ Electric	☐ Forced Air ☐ Gravity ☐ Boiler ☐ Vented	☐ Central Air ☐ Window ☐ Heat Pump
☐ Mobile	☐ Fuel Oil ☐ Other	☐ Un-vented ☐ Wall ☐ Floor ☐ Heat Pump	☐ None ☐ A-Coil ☐ Sloped Coil

Manufacturer: Model #: Serial Number:

HEATING/COOLING SYSTEM REPAIRS/REPLACEMENT

Equipment Repair or Replacement Description	Quantity	Material	Labor
Heating System Replacement Unit		$	$
Flue Liner		$	$
Repairs Required (List In Detail)		$	$
		$	$
		$	$
		$	$
Cooling System Replacement Unit		$	$
Repairs Required (List In Detail)		$	$
		$	$
		$	$
		$	$
Subtotal Materials and Labor		$	$
Tax		$	$
Total Materials and Labor		$	$

Replacement Heating Equipment (Must be Completed For Payment)

Location: BTU/Hr: How Sized: AFUE:

☐ Non-Weatherized ☐ Non-Weatherized Input: Output:

Manufacturer: Model #: Serial Number:

Replacement Cooling Equipment (Must be Completed For Payment)

Manufacturer: Model #: Serial Number: SEER Rating:

Installation Completion Information

I certify that the equipment provided and the work performed meets the requirements of the Nebraska Weatherization Assistance Program.

Company Name_____

Sign Here _____ _____

Signature Heating Technician Date:

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program.

Sign Here _____ _____

Weatherization Representative

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions, findings, conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.