



ecobee Smart Thermostat Program Installation Verification

Please fill out the form below and return to Southeastern Indiana REMC to complete your enrollment process in the ecobee Smart Thermostat Program.

Account Holder Name

Account Number

Service Address _____

City _____

State _____

Zip _____

Did a contractor install your equipment? **Yes** **No**

If yes: Name of contractor: _____

Contractor Contact Info:

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email Address** _____

Website _____

In order to participate in the winter control periods, your primary heat source must be an electric heat pump.

Primary Heat Source _____

Backup heating system? _____

Signature

Device Serial (ESN) Number

Printed Name

Date
