

**Manufactured Homes (Residential)
Work Completion Form**

OMB No. 3316-0019
Expires: 3/31/2007

1. TVA Distributor ID Number: _____

TVA Distributor's Name: _____

2. Work ID Number: _____

3. Date: _____
(mm/dd/yyyy)

4. VHPC ID Number (or Name) _____

5. Customer's Name: _____

Telephone Number: () _____

6. Customer's Address: _____

Street Address

City, State, Zip Code

7. Structure: Single Section

Multi-Section

8. Dealer's Name: _____

Dealer No. _____

9. Dealer's Address: _____

Street Address

City, State, Zip Code

10. Total Cooling Capacity: _____ (tons)

11. HP Indoor Coil Model Number: _____

12. HP Outdoor Unit Model Number: _____

13. Total Square Footage of Home: _____

14. Heat Pump Brand: _____