NEBRASKA
Good Life. Great Resources.
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

State of Nebraska Weatherization Assistance Program

LIHEAP Heating and Cooling Repair or Replacement Bid Form

FORM WX25

Client Name: Job Number:

Address: City: Phone Number:

Existing Heating/Cooling Equipment Information

Building Type: ☐Frame ☐Mobile

Fuel Type: ☐Nat. Gas ☐Propane ☐Electric ☐Fuel Oil ☐Other

Heating System Type: ☐Forced Air ☐Gravity ☐Boiler ☐Vented ☐Un-vented ☐Wall ☐Floor ☐Heat Pump

Cooling System Type: ☐Central Air ☐Window ☐Heat Pump ☐None ☐A-Coil ☐Sloped Coil

Manufacturer: Model Number: Serial Number:

Heating/Cooling System Repairs/Replacement

Equipment Repair or Replace 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)

Fuel Type: ☐Non-Weatherized ☐Propane

BTU/Hr: Input: Output:

How Sized:

AFUE:

Manufacturer: Model Number: Serial Number:

Replacement Cooling Equipment (Must be Completed for Payment)

Manufacturer: Outdoor Unit Model Number: Indoor Unit Model Number: SEER/HSPF Rating:

Installation Completion Information

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

Company Name _____

Sign Here ▶ _____ _____

Heating Technician Signature Date