



Value Visit Program Application

Today's Date: _____

About the Value Visit Program

Reference the SCE&G Website (at www.sceg.com) for the most up-to-date information regarding this program.

SCE&G's Value Visit program is designed to assist customers considering improvements to their home's energy efficiency. SCE&G electric customers may qualify for rebates if, as a result of the Value Visit, specific items are upgraded. A list of these items can be found on the SCE&G website.

After the Value Visit, a \$25.00 fee is added to your SCE&G bill. If any of the improvements (as outlined on the SCE&G website) are made within 90 days of the Value Visit, the \$25.00 Value Visit fee will be refunded.

Submitting This Application

Mail the application to: SCE&G Value Visit
c/o Energy Information Services, MC J07
Columbia, SC 29218

Fax the application to: 803-933-8720

Email the application to: EnergyInformationServices@SCANA.com

Questions?

Once we've received your form, we will contact you to schedule an appointment. If you need more information or have questions, please call us toll-free at 1-866-660-3704.

Your Information

Customer Name: _____ SCEG Account #: _____

Daytime Phone #: _____ Evening Phone #: _____

Street Address: _____

_____ City _____ State _____ Zip Code

Tell Us About Your Home

What type of home is it? _____

What year was it built? _____

What type of windows do you have? _____

Do own the home? Yes No

What level of attic insulation (R-Value) do you currently have? _____

Have you ever added attic insulation ? Yes No

If "Yes", what R-value did you add? _____

What type of cooling system do you have? _____

If "Other", please describe: _____

What type of heating system do you have? _____

If "Other", please describe: _____

Customer Agreement & Signature(s)

I am in agreement with SCE&G and I understand that a one-time \$25.00 fee will be added to my SCE&G bill after my Value Visit. If I elect to make any recommended upgrades within 90 days of my Value Visit, the \$25.00 fee will be credited to my account.

Print Name: _____
(Must Be SCE&G Account Holder)

Signature: _____
(Must Be SCE&G Account Holder)

Date: _____

Internal Use Only

SCE&G Representative Name: _____

SCE&G Representative Employee Number: _____