

50081

(956) 722-3190 FAX (956) 722-7346
 Lic. #TACL005273E

BILL TO Webb County CAA
1110 Washington Ste # 203
Laredo, Tx 78040

THIS WORK IS TO BE
 C.O.D. CHARGE NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME Adela Lopez
 STREET 504 Avenue C
 CITY Bruni TX
 PHONE (956) 6931953
 TECHNICIAN

DATE PROMISED 2/8/14

CALL BEFORE A.M. P.M.
 AUTHORIZED BY

ENVIRONMENTAL CHECK LIST			WORK PERFORMED	
WORK PERFORMED	QTY.	TYPE/DISPOSITION	CONDENSING UNIT	COND'S/ATE DRAINS
<input checked="" type="checkbox"/> RECOVERED	4		LEVELED	CLEANED MAIN DRAIN
<input type="checkbox"/> RECYCLED			CLEANED COIL	REPAIRED MAIN DRAIN
<input type="checkbox"/> RECLAIMED			CHECKED CHARGE	CLEANED PAN DRAIN
<input type="checkbox"/> RETURNED			REPAIRED LEAK IN COIL	REPAIRED PAN DRAIN
<input type="checkbox"/> DISPOSAL			REPAIRED LEAK IN COPPER	FURN. OR FAN COIL
<input type="checkbox"/> DISMANTLED <input type="checkbox"/> CHANGED OUT/REPLACED			TOTAL \$	

WORK TO BE PERFORMED

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
10	REFRIGERANT R-22 LBS.		
1	Compressor		
1	sequencer		
1	filter dryer		
1	thermostat		
	FILTERS x x		
	FILTERS x x		
	BELTS		

Recover free to replace one 5 ton compressor. Replace heating elements on air handler. Vacuum refrigerant system and recharge with new green R-22. Check AK for proper operation. One year warranty on compressor and 30 days on heating elements.

RECOMMENDATIONS
 1 - Tstat -
 1 sequencer -
 10 R-22 -
 1 compressor -
 1 filter dryer -

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
TOTAL LABOR			

RECOMMENDATIONS		TOTAL SUMMARY	
REPLACED MOTOR	ADJUSTED BELT	TOTAL MATERIALS	
CHANGED MOTOR	REPLACED PULLEY	TOTAL LABOR	
REPLACED BELT	ADJUSTED PULLEY		
ADJUSTED BELT	CLEANED BLOWER		
REPLACED CONTACTOR	REPLACED BEARINGS		
REPL. START. CAPACITOR	OILED MOTOR		
REPL. START. CAPACITOR	OILED BEARINGS		
REPLACED RUN CAPACITOR	OILED HEAT EXCH		
CLEANED OR ADJ. CONTACTOR	REPLACED HEAT EXCH.		
REPAIRED WIRING	CLEANED OR ADJ. PILOT		
REPLACED FUSE	REPLACED THERMOCOUPLE		
REPLACED COMPRESSOR	REPAIRED VALVE		
EVAPORATOR COIL	REPLACED VALVE		
REPLACED EXP. VALVE	CLEANED BURNERS		
ADJUSTED EXP. VALVE	DUCT		
REPLACED CAP. TUBE	REPAIRED		
CLEANED CAP. TUBE	ADJUSTED		
REPAIRED COPPER CONN.	THERMOSTAT		
REPAIRED COPPER CONN.	REPLACED		
CLEANED COIL	ADJUSTED		
LEVELED COIL			
ELECT. HTR.	CLG TOWER		
REPLACED LINK	CLEANED		
REPLACED KLIX.			
REPAIRED WIRE	PUMP(S)		
REPLACED CONT.	GREASED		
	REPAIRED		
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED		

TERMS
Net 15 days. A finance charge of 1.5% per month will be charged on all past due accounts.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

Adela Lopez
 CUSTOMER SIGNATURE DATE

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

REGULAR WARRANTY
 SERVICE CONTRACT

TRAVEL CHARGE
 TAX
TOTAL \$ 1940.80

Thank You

Webb County Community Action Agency CEAP HHC Heating and Cooling Unit Need Questionnaire

The following assessment is based on client need for a heating and cooling unit that MAY or May Not be met by our agency or programs.

Name: Adela Lopez (elderly household member) Priority 1

Address: 504 N. Avenue C

Files#: MO-016

How many heating and cooling units do you have in your home?	<u>1</u>
What type of heating unit do you use?	<u>portable heating unit.</u>
What type of cooling unit do you use?	<u>as of now I have a window unit, because central air is broken</u>
How long have you had your heating and cooling unit(s)?	<u>Central air/heating - 5 years. portables - 2 years.</u>
How many heating and cooling units are currently working?	<u>1 the portables</u>
Are you in need of a heating and cooling unit	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Have the CEAP Household Crisis criteria weather conditions been met? Yes

If it has been met and the client will be assessed for possible assistance with repairs to an existing heating and cooling unit attach the weather calendar to validate that crisis has been met and refer to the Case Management Specialist.

Adela Lopez
Client Signature

[Signature]
Assessed By

1-30-2014
Date

1-30-14
Date



WEBB COUNTY COMMUNITY ACTION AGENCY REFERRAL FORM



REFERRED BY:

CASEWORKER: Isis Pena DATE: 1/30/14

CENTER: Main Office PHONE: 956-523-4182

ADDRESS: 1110 Washington St CITY: Laredo

REFERRAL DATE: 1/30/14 FOLLOW UP DATE: 2 week

CLIENT'S INFORMATION

NAME: Adela Lopez PHONE: 956-693-1953

ADDRESS: 5541 N. Avenue C CITY: Laredo, Tx Brown, Texas

CASE #: MO-016 INTAKE DATE: 1/30/14

REFERRED TO:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Heating & Cooling | <input type="checkbox"/> Catholics Social Services | <input type="checkbox"/> Salvation Army |
| <input checked="" type="checkbox"/> Weatherization | <input type="checkbox"/> Education Program | <input type="checkbox"/> T.D.H.S. |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Texas Workforce |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Gateway Clinic | <input type="checkbox"/> W.I.C. Program |
| <input type="checkbox"/> Self-Help | <input type="checkbox"/> Housing | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Bethany House | <input type="checkbox"/> L.O.V.E.D. | <input type="checkbox"/> Other |

PERSON TO CONTACT:

NAME & TITLE: _____ APPT. DATE: _____

ADDRESS: _____ PHONE: _____

NATURE OF REFERRAL:

Client ^{needs} in assistance of weatherization

Clients Signature : Adela Lopez


January				Next Month*		
1	2	3	4	5	6	7
			OBSERVED Hi 63°F Lo 43°F Precip (in) 0in.	OBSERVED Hi 59°F Lo 41°F Precip (in) 0in.	OBSERVED Hi 61°F Lo 33°F Precip (in) 0in.	OBSERVED Hi 74°F Lo 42°F Precip (in) 0in.
OBSERVED Hi 62°F Lo 46°F Precip (in) 0in.	OBSERVED Hi 45°F Lo 33°F Precip (in) 0.04in.	OBSERVED Hi 46°F Lo 33°F Precip (in) 0in.	OBSERVED Hi 61°F Lo 42°F Precip (in) 0in.	OBSERVED Hi 71°F Lo 48°F Precip (in) 0in.	OBSERVED Hi 77°F Lo 59°F Precip (in) 0in.	OBSERVED Hi 82°F Lo 52°F Precip (in) 0in.
OBSERVED Hi 79°F Lo 50°F Precip (in) 0.07in.	OBSERVED Hi 75°F Lo 50°F Precip (in) 0in.	OBSERVED Hi 78°F Lo 39°F Precip (in) 0in.	OBSERVED Hi 65°F Lo 42°F Precip (in) 0in.	OBSERVED Hi 75°F Lo 43°F Precip (in) 0in.	OBSERVED Hi 70°F Lo 48°F Precip (in) 0in.	OBSERVED Hi 74°F Lo 43°F Precip (in) 0in.
OBSERVED Hi 75°F Lo 45°F Precip (in) 0in.	OBSERVED Hi 84°F Lo 52°F Precip (in) 0in.	OBSERVED Hi 69°F Lo 48°F Precip (in) 0in.	OBSERVED Hi 50°F Lo 36°F Precip (in) 0.06in.	OBSERVED Hi 68°F Lo 51°F Precip 0%	OBSERVED Hi 81°F Lo 59°F Precip 0%	
OBSERVED Hi 81°F Lo 43°F Precip (in) 0in.	OBSERVED Hi 74°F Lo 47°F Precip (in) 0.02in.	OBSERVED Hi 48°F Lo 36°F Precip (in) 0.01in.	OBSERVED Hi 50°F Lo 36°F Precip (in) 0.06in.	OBSERVED Hi 68°F Lo 51°F Precip 0%	OBSERVED Hi 81°F Lo 59°F Precip 0%	

MODEL ZR61K3 - PFV - 950



SERIAL 13GG8828L



CE C  US
SA2337

