



## Mid-Coast Energy Systems, Inc.

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# Geo-Guard

## A Mid-Coast Energy Systems Annual Preventative Maintenance Agreement for Geothermal Heating and Cooling Systems

Let us take the worry out of your geothermal heating and cooling system. Your geothermal heating and cooling system and its related equipment are no different. Have peace of mind knowing that we are keeping yours running at its peak efficiency.

### This service includes:

- Clean Electrostatic or Change Pleated Filter – Not Included\*
- Check Ground Loop Pressure
- Clean Condenser Coil
- Inspect Desuperheater Hot Water Generator
- Check Compressor Amp Draw
- Inspect Condensate Drain
- Check Blower Motor – Clean if Necessary
- Remove Dust and Debris From Cabinet
- Compare all Readings to Start-Up Sheet
- Update On-Site Cleaning and Inspection Report

**ANNUAL COST: \$339.00**

★ **24 Hour Emergency Service at Regular Rates**

★ **10% Discount on all Geothermal System Repair Parts and Air Filters During the Plan Year**

★ **Priority Dispatch for Geothermal Repair Calls**

**\*Price includes travel time up to 30 minutes or less door to door. For further distances please inquire about pricing.**

\*Mid-Coast reserves the right to reject any service agreement if an inspection by our service technician finds the equipment to be in such condition that service will be unsatisfactory to both parties. Some existing systems may require code updates to satisfy State of Maine and NFPA requirements.

\*\*Mid-Coast will endeavor to render prompt and efficient service hereunder, but it is expressly agreed that Mid-Coast shall in no event be liable for damage or loss caused by delay or any loss arising out of performance of this agreement.



ACCEPTANCE OF GEO-GUARD CONTRACT – By signing below you agree that the above prices, specifications and conditions are satisfactory and are hereby accepted. Mid-Coast Energy is authorized to do the work as specified. Payment must be made in advance. Upon receipt of payment the Service Manager will call you to schedule the appointment.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check One:  check enclosed  Mastercard/Visa \_\_\_\_\_ exp \_\_\_\_\_ / \_\_\_\_\_