

CONSERVE & \$SAVE[®]

2015 NATURAL GAS EFFICIENCY REBATE APPLICATION

1. CUSTOMER INFORMATION (please print)

SECTION 1 MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED

Customer Name _____ E-mail Address _____

Home Phone Number (with area code) _____ Daytime Phone Number (with area code) _____

Mailing Address _____ City _____ State _____ Zip Code + 4 _____

Installation Address (if different from mailing address) _____ City _____ State _____ Zip Code + 4 _____

Account Number / Location Number (Found on utility bill.) (Location Number for Austin customers only.) _____

Please apply rebate to my account. Please send me a rebate check. **(Rebates \$75 and under will be applied to your account.)**

How did you hear about CONSERVE & \$SAVE[®]? Billboard Chamber of Commerce Contractor Newspaper Radio Retailer/Vendor
 TV Utility Mailing Utility Newsletter Utility Representative Utility Web Site Other _____

I am a:

- Residential Customer
 Commercial Customer

I am a:

- Owner/Occupant
 Owner/Non-Occupant
 Renter

My home/business is heated by:

- Electric
 Gas
 Don't Know

My water heating is:


- Electric
 Gas
 Don't Know

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- Find your household size on the table to the right.
- Determine your annual household income, before taxes, including pension, social security, etc.
- Is your household income above or below the amount corresponding to your household size in this table? above below

Number of People in Household	Annual Household Income
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5 or more	\$55,820

(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)

 **SIGNATURE:** I certify that I have read, understand, and agree to the terms and conditions on the back page of this rebate application and that all equipment has been installed.

CUSTOMER SIGNATURE _____ **Date** _____

(Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.)

TEAMING UP TO SAVE YOU MONEY



OFFICE USE ONLY

Gas Electric Water

ID _____ Inspection Date _____

Appliance/Equipment _____

Approved By & Date _____ **Total Rebate Amount** \$

2. REBATE APPLICATION CHECKLIST

This program offers rebates for the purchase of new energy-efficient products. Reconditioned or refurbished equipment is not eligible for a rebate. Use this checklist to complete the steps to receive your rebates:

- 1. Read the following terms and conditions to determine if you are eligible for a rebate:
 - Only one service address per application.
 - The utility reserves the right to apply rebates to past due accounts. Rebates \$75 and under will be applied to your account. Rebates will not exceed the purchase price.
 - Energy-efficient equipment must be connected to a natural gas service supplied by Austin Utilities or Owatonna Public Utilities and is subject to inspection.
 - Windows, doors, and insulation must be installed in a conditioned living space where the utility supplies the primary heating energy (e.g. NOT garages or sun porches).
 - CEE Participating Contractors must have attended all Center for Energy and Environment (CEE)-required trainings and be a certified insulation installer by the Building Performance Institute, perform work in accordance with CEE standards, and agree to the provisions of the CEE Contractor Participation Agreement, including correcting any deficiencies found by CEE and completing the CEE-provided post-installation report.
 - Equipment installations must meet our Minimum Efficiency Requirements to qualify for a rebate.
 - Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from the previous year's (2014) purchases must be received by March 31, 2015.
 - Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
- 2. Purchase and install new products with the ENERGY STAR® label or that meet our MINIMUM EFFICIENCY REQUIREMENTS.
- 3. Complete the application, making sure to fill out all required sections in detail. Missing or incorrect information will increase the processing time.
- 4. Include a final, detailed copy of the original sales receipt, invoice, or picking slip showing the customer name, date of sale, manufacturer name, model number, size, and date of installation.
- 5. For window/door rebates, applicant must include the NFRC label for each window/door type and size. City Final Inspection Form is required for OPU customers.
- 6. For insulation and air sealing rebates with CEE participating contractors, the contractor must meet CEE Participating Contractor requirements as listed in the above terms and conditions.
- 7. Sign the application.
- 8. Mail completed forms and required documentation to your utility provider:

Austin Utilities
Attn: Rebate Processing
400 - 4th Street NE
Austin, MN 55912-3495
507.433.8886
507.433.5045 fax
www.austinutilities.com

Owatonna Public Utilities
Attn: Rebate Processing
P.O. Box 800
Owatonna, MN 55060-0800
507.451.2480
507.451.4940 fax
www.owatonnautilities.com

3. CONTRACTOR/RETAILER INFORMATION (please print)

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

2015 BUILDING SHELL REBATES

CEE PARTICIPATING CONTRACTOR VERIFICATION (Complete for any CEE Participating Contractor installed work.)

CEE Participating Contractors performing the work must have attended all Center for Energy and Environment (CEE)-required trainings and be a certified insulation installer by the Building Performance Institute, conduct work in accordance with the CEE standards, and agree to the provisions of the CEE Contractor Participation Agreement, including correcting any deficiencies found by CEE and completing a CEE-provided post-installation report.

Summary of work performed (check all that apply):

Attic Air Sealing
 Attic Insulation
 Wall Cavity Insulation
 R5 Rigid Foam (added to outside of insulated walls)

The following section must be completed if attic air sealing, or wall cavity insulation work was performed:

Pre-installation blower door test: _____ CFM at _____ Pa Post-installation blower door test: _____ CFM at _____ Pa

% blower door CFM reduction: _____% If less than 25% reduction, please explain: _____

Does house have an atmospherically-vented water heater, furnace, or boiler? Yes No

If Yes, initial below to confirm that the following tests were completed and the property owner was advised of any safety issues:

_____ Spillage evaluation for all atmospherically-vented gas appliances

_____ Worst-case negative pressure measurement for each combustion appliance zone

Signature of CEE Participating Contractor: _____ Date: _____

By signing, I certify that all of the values above are true and accurate and that all work was performed in accordance with the CONSERVE & SAVE[®] HOUSE CALL Program Air Sealing and Insulation Contractor Requirements and Standards.

Contractor Name (printed): _____ Contractor License #: _____

ATTIC AIR SEALING AND/OR RIM JOIST SEALING/INSULATION (Retrofit only)

MINIMUM EFFICIENCY REQUIREMENTS: All bypasses indicated by House Call audit must be addressed. Post-Installation Blower Door Verification required.

REBATE: **CEE Participating Contractor Installed:** Air Sealing: \$200; Rim Joist Sealing/Insulation: \$150

ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.

Check here to signify that all bypasses identified in audit were sealed. If not, explain: _____

Describe any additional air sealing performed not identified by audit: _____

Installation Date: _____ Approximate Age of Furnace/Boiler: _____

of Stories: _____ Furnace/Boiler's Approximate Efficiency: _____ %

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

ATTIC INSULATION (Retrofit only)

ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THE CEE PARTICIPATING CONTRACTOR INSTALLED REBATE.

MINIMUM EFFICIENCY REQUIREMENTS: Must add a minimum of R19 with an ending R value of 44 or greater.

REBATE: **Self Installed or non-CEE Participating Contractor Installed:** \$0.10 per square foot

CEE Participating Contractor Installed: \$150 plus 0.15 per square foot. Rebate is capped at 50% of cost.

Self-Installed
 CEE Participating Contractor Installed (see top of this page)
 Installation Date: _____

Check here to signify that all attic bypasses were sealed before insulation was added. If not, explain: _____

Description of Insulation Improvements: _____

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

REPLACEMENT DOORS (Less than 50% Glass) (Retrofit only)

Must include NFRC Label for each door type and size.

MINIMUM EFFICIENCY REQUIREMENTS: 8 sq. ft. per entry door* opening (one opening equals one door);

ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .21 or equivalent energy performance)

REBATE: \$25 per door

*Exterior entry door into a conditioned living space, not including storm doors.



NFRC Labels Included (Required)

Self-Installed

Dealer Installed

Installation Date: _____

Dealer Name (Purchased At): _____ Dealer Phone (with area code): _____

Dealer Address: _____ City: _____ State: _____ Zip Code + 4: _____

Approximate Year Building Was Constructed (Required): _____

Building Type: Single-Family Manufactured Home Multi-Family Retail Office Church/School Other: _____

Primary Heating Fuel: Natural Gas Electric Other: _____

Primary Cooling Type: Central Air Conditioning Room Air Conditioning Air Source Heat Pump Geothermal None

These doors were purchased: To Replace Existing Working Doors To Replace Existing Non-Working or Broken Doors
 As New Doors in an Existing Home/Building As New Doors in a Newly-Constructed Home/Building

Complete the following sections **FOR EACH DOOR TYPE**. Attach an additional sheet if necessary.

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____

Door Length (inches): _____ Width (inches): _____ # of Doors this Size: _____ **X \$25 per Door = \$** _____ (Total Rebate per Size)

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____

Door Length (inches): _____ Width (inches): _____ # of Doors this Size: _____ **X \$25 per Door = \$** _____ (Total Rebate per Size)

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____

Door Length (inches): _____ Width (inches): _____ # of Doors this Size: _____ **X \$25 per Door = \$** _____ (Total Rebate per Size)

WALL INSULATION (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**

MINIMUM EFFICIENCY REQUIREMENTS: Minimum 450 sq. ft. of insulation for rebate. All requirements must be verified through House Call audit.

INJECTION (CEE PARTICIPATING CONTRACTOR INSTALLED): Empty cavities only. Post-Installation Blower Door Verification required.

EXTERIOR RIGID FOAM: R5 or greater over already insulated wall. Wall cavities must be filled.

REBATE: **Injection (CEE Participating Contractor Installed): \$300; Exterior Rigid Foam Insulation: \$200**

Injection (CEE Participating Contractor Installed – see top of page 3) Exterior Rigid Foam Installation Date: _____

Description of Insulation Improvements: _____

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

WINDOWS & GLASS ENTRY DOORS (At Least 50% Glass)

Must include NFRC Label for each item type and size.

OWATONNA RESIDENTS: Must submit a copy of the City Building Department Final Inspection form with windows rebate.

MINIMUM EFFICIENCY REQUIREMENTS: 8 sq. ft. per opening (one opening equals one window or glass entry door*);

ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .30 or equivalent energy performance)

REBATE: \$15 per window or glass entry door

*Exterior entry door into a conditioned living space, not including storm doors.

World's Best Window Co.
Millennium 2000®
Vinyl Clad Windows
Double Glazing Argon Filled Low-E
Product Type Window Sider

ENERGY PERFORMANCE RATINGS	
U-Factor (U.S.A.P.)	Solar Heat Gain Coefficient
0.30	0.30
ADDITIONAL PERFORMANCE RATINGS	
Visible Transmittance	Air Leakage (U.S.A.P.)
0.51	0.2

NFRC Labels Included (Required) City Final Inspection Form Submitted (Required for OPU customers; windows rebate.)

Self-Installed Dealer Installed Installation Date: _____

Dealer Name (Purchased At): _____ Dealer Phone (with area code): _____

Dealer Address: _____ City: _____ State: _____ Zip Code + 4: _____

Approximate Year Building Was Constructed (Required): _____

Building Type: Single-Family Manufactured Home Multi-Family Retail Office Church/School Other: _____

Primary Heating Fuel: Natural Gas Electric Other: _____

Primary Cooling Type: Central Air Conditioning Room Air Conditioning Air Source Heat Pump Geothermal None

These items were purchased: To Replace Existing Working Items To Replace Existing Non-Working or Broken Items

As New Items in an Existing Home/Building As New Items in a Newly-Constructed Home/Building

Complete the following sections FOR EACH ITEM TYPE (WINDOW OR GLASS ENTRY DOOR) Attach an additional sheet if necessary.

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

U-Factor:	Manufacturer:	Model:	Item Type:
Item Length (inches):	Width (inches):	# of Items this Size:	X \$15 per Item = \$ (Total Rebate per Size)

2015 CENTRAL A/C AND FURNACE REBATES

CENTRAL AIR CONDITIONERS & DUCTLESS MINI SPLIT SYSTEMS (ELECTRIC REBATE)

MINIMUM EFFICIENCY REQUIREMENTS: SEER 14.5; Must be AHRI Certified.

(SEER=Seasonal Energy Efficiency Rating)

REBATE: see chart below

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute – www.ahridirectory.org)

Cooling Capacity	14.5–14.99	15.0–15.99	16.0–16.99	17.0–17.99	18.0–18.99	19.0–19.99	20.0–20.99	21.0–21.99	22.0+
20,000 BTU/hr or less	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	see formulas below
Over 20,000 BTU/hr	\$200	\$275	\$350	\$425	\$500	\$575	\$650	\$725	

20,000 BTU/hr or less – Rebate Formula: \$100 + [(Actual SEER – 14) x \$25]; **Over 20,000 BTU/hr – Rebate Formula:** \$200 + [(Actual SEER – 14) x \$75]

Equipment Type: Central Air Conditioner Ductless Mini Split System Cooling Capacity (Tons): _____

Outdoor Unit Model #: _____ Manufacturer's Name: _____ **AHRI Certified Ref # (required):** _____

Indoor Unit Model #: _____ Manufacturer's Name: _____ Rated Efficiency (SEER by AHRI): _____

of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Rebate Total: \$ _____

Why was this purchased? To replace: no previous unit failed unit working unit

FURNACE FAN MOTORS (ELECTRIC REBATE)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute – www.ahridirectory.org)

MINIMUM EFFICIENCY REQUIREMENTS: Rated "e" electrically efficient furnace by AHRI (rated as AMACF)

(AMACF=Advanced Main Air Circulating Fan)

ELECTRIC REBATE: \$125

Retrofits must be Electronically Commutated Motor (ECM) or equivalent; documentation required

New Installation

Furnace Manufacturer's Name: _____ Furnace Model #: _____ Number of Units Installed: _____

AHRI Certified Reference # (required): _____ Date of Installation: _____

OFFICE USE ONLY

Rebate Total: \$ _____

Do you have a central air conditioner? YES (EXISTING) YES (NEW) NO UNKNOWN

Retrofit

Motor Manufacturer's Name: _____ Motor Model #: _____

Number of Units Installed: _____ Date of Installation: _____

OFFICE USE ONLY

Rebate Total: \$ _____

Have you attached the required documentation showing this retrofit motor is an Electronically Commutated Motor (ECM) or equivalent? YES

Do you have a central air conditioner? YES (EXISTING) YES (NEW) NO UNKNOWN

FURNACES

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute – www.ahridirectory.org)

(AFUE=Annual Fuel Usage Efficiency)

NEW CONSTRUCTION – MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 95%

NEW CONSTRUCTION REBATE: \$100

NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

RETROFIT – MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 92%

RETROFIT REBATE: AFUE greater than or equal to 92%, but less than 95% = \$100;

AFUE greater than or equal to 95%, but less than 96% = \$200;

AFUE greater than or equal to 96% = \$300

NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

New Construction Retrofit

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (AFUE %): _____ Number of Units Installed: _____

OFFICE USE ONLY

Rebate Total: \$ _____

Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

2015 BOILER AND DOMESTIC WATER HEATER REBATES

BOILERS

MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85%

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

(AFUE=Annual Fuel Usage Efficiency) (www.ahridirectory.org)

REBATE: AFUE greater than or equal to 85% = \$100; greater than or equal to 90% = \$200; greater than or equal to 95% = \$300; Boilers with indirect fire water heater = \$100 additional

NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (AFUE %): _____ Number of Units Installed: _____

Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY
Rebate Total: \$ _____

DRAIN WATER HEAT RECOVERY (DWHR)

MINIMUM EFFICIENCY REQUIREMENTS: Heat recovery efficiency of 42% at 2.5 GPM & max pressure drop of 3 psi @2.5 GPM;

Must be installed by a manufacturer-certified, licensed plumbing contractor.

REBATE: \$200

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heat Recovery Efficiency: _____ Storage Size of Water Heater (Gallons): _____ Number of Units Installed: _____

Date of Installation: _____ Number of People Living in Your Home: _____

Water Heating: Gas Electric

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY
Rebate Total: \$ _____

TANK WATER HEATERS

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.62

(EF=Energy Factor) (www.ahridirectory.org)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

REBATE: EF greater than or equal to 0.62, but less than 0.64 = \$50;

EF greater than or equal to 0.64, but less than 0.67 = \$75;

EF greater than or equal to 0.67 = \$100

NOTE: Gas Inspection required in Austin. OPU customers must include a copy of the water heater inspection forms.

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Storage Gallons: _____ Rated Efficiency (EF): _____ Number of Units Installed: _____

Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY
Rebate Total: \$ _____

TANKLESS (INSTANTANEOUS) WATER HEATERS

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.80

(EF=Energy Factor) (www.ahridirectory.org)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

REBATE: EF greater than or equal to 0.80, but less than 0.92 = \$200; EF greater than or equal to 0.92 = \$250

NOTE: Gas Inspection Required (OPU customers must include a copy of the water heater inspection form.)

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr input): _____ Rated Efficiency (EF): _____ Number of Units Installed: _____

Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY
Rebate Total: \$ _____

2015 OTHER NATURAL GAS REBATES

CLOTHES DRYERS

MINIMUM EFFICIENCY REQUIREMENTS: ENERGY STAR® Label
ELECTRIC & NATURAL GAS REBATE: \$25-\$50

NOTE: Rebate is calculated at \$50 for electric dryers – electric customers;
\$25 for gas dryers – electric customers; and \$25 for gas dryers – gas customers.

Manufacturer's Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

Type of Clothes Dryer:

- Gas Dryer
 Vented Gas
 Electric Dryer
 4.4 ft³ capacity or greater
 Less than 4.4 ft³ capacity: 120V 240V vented 240V ventless

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY

Electric Rebate Total: \$ _____

Gas Rebate Total: \$ _____

CLOTHES WASHERS

MINIMUM EFFICIENCY REQUIREMENTS:
ENERGY STAR® & ENERGY STAR Most Efficient®

ELECTRIC, WATER, & NATURAL GAS REBATE: \$25-\$150

TO APPLY FOR A CLOTHES WASHER REBATE, YOU MAY USE THIS WATER REBATE FORM OR AN ELECTRIC/GAS REBATE FORM, BUT NOT BOTH.

NOTE: Rebate is calculated at \$50 for ENERGY STAR electric service -OR- \$100 for ENERGY STAR Most Efficient electric service; \$25 for water service; \$25 for gas service.

(ENERGY STAR Examples: Electric Only = \$50, Electric & Water = \$75, Electric, Water, & Gas = \$100.)

(ENERGY STAR Most Efficient Examples: Electric Only = \$100, Electric & Water = \$125, Electric, Water, & Gas = \$150.)

ENERGY STAR® ENERGY STAR Most Efficient®

Manufacturer's Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

Type of Clothes Dryer: Electric Gas Unknown

Why was this purchased? To replace a: no previous unit failed unit working unit

OFFICE USE ONLY

Electric Rebate Total: \$ _____

Water Rebate Total: \$ _____

Gas Rebate Total: \$ _____

ELECTRONIC IGNITION HEARTH – NEW NATURAL GAS HEARTH INSTALLATIONS ONLY

MINIMUM EFFICIENCY REQUIREMENTS: Must be on-demand electronic ignition that is also a sealed combustion/direct vent unit.
REBATE: \$75

NOTE: Gas Inspection Required for AU Customers Only.

Natural Gas Hearth Product is: Free-standing stove Fireplace Insert

Manufacturer's Name: _____ Model #: _____ Serial #: _____

Ignition Brand Name: _____

Heating Capacity (Btu/hr input): _____ Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY

Rebate Total: \$ _____

PROGRAMMABLE THERMOSTATS

MINIMUM EFFICIENCY REQUIREMENTS: Rebate cannot exceed the cost of the thermostat. Thermostat must control primary heating system.
REBATE: \$25

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Number of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY

Rebate Total: \$ _____

CUSTOM NATURAL GAS PROGRAM

MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing.
NOTE: May require up to 10 weeks or more to process rebate

Description of Improvements: _____

Calculated Annual Gas Energy Savings: _____

Calculated Reimbursement \$ _____ Date of Installation: _____

Must have greater than 1 year, and less than a 6 year payback. Fuel switching technologies are excluded on retrofits. Attach third party testing documentation with necessary information for calculating savings.

OFFICE USE ONLY

Rebate Total: \$ _____

Savings: _____ ccf