



NATURAL GAS HOME BUILDERS REBATE

DATE: _____

DIRECT ORDER

INDICATE WHICH GAS APPLIANCES ARE INSTALLED

INV. NO. _____

REBATE	APPLIANCE(S)	
\$1000	WATER HEATER	_____
	FURNACE	_____
	STOVE/RANGE	_____
	CLOTHES DRYER	_____
\$ 75	FIREPLACE	_____
\$ 75	POOL HEATER	_____

REBATE AMOUNT \$ _____

Builders Company (Please Print) _____ Phone _____

Site Address _____ Zip Code _____

Rebate Mailing Address _____

*To qualify, appliances must be installed and operational in accordance with Home Builders Partnership Agreement.
 *Site address must have a City of Corpus Christi Gas Utility Account with a residential meter.
 *Inspection of premises by the City of Corpus Christi Gas Department personnel is required.
 *Rebate request must be submitted within 6 months of the date of the Certificate of Occupancy.
 *Residential single family home builders only building within the Corpus Christi City limits are eligible
***** This program cannot be used in conjunction with any other program. *****

I certify that the information provided is true and correct to the best of my knowledge.

Builder's Signature Print Name

FOR OFFICE USE ONLY

Application: Approved _____ Disapproved _____ Inspection Date _____

Comments: _____

Gas Department Personnel ___ Safety Information Delivered

Finance & Resource Management Superintendent

FUND 4130
ORG 34160
ME 023
ACCT 530000

Permit No. _____
Marketing Rep _____

City of Corpus Christi Gas Department
 4225 S. Port Ave.
 Corpus Christi, TX 78415
 Office: 361-885-6910 Fax: 361-853-3200

Revised: 7/06/17