



NATURAL GAS ADVANTAGE HOME REBATE

DATE: _____

PO # _____

INDICATE WHICH GAS APPLIANCES ARE INSTALLED

INV. NO. _____

REBATE	APPLIANCE(S)	
\$300	WATER HEATER	_____
\$200	FURNACE	_____
\$ 75	FIREPLACE	_____
\$ 75	POOL HEATER	_____
\$ 50	STOVE/RANGE	_____
\$ 50	CLOTHES DRYER	_____

\$ _____
Rebate Amount

Owner (Please Print) _____

Phone _____

Site Address _____

Zip Code _____

Rebate Mailing Address _____

*To qualify for the rebates, appliances must be converted from Electric to Natural Gas. (Ex. Electric stove to Gas Stove)
 *Applicant 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 appliance installation date.
 *Receipts for the gas line installation and purchase of the appliance(s) must be provided.
 * A W-9 form must be provided.

*** 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.

Applicant'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 - ORG _____
ACCT. # _____
CATEGORY _____
RECEIVER # _____

Permit No. _____