



## Request for Natural Gas Allowance Energy Conservation Program

Division: \_\_\_\_\_ Account# \_\_\_\_\_ Premise # \_\_\_\_\_ Res X Com \_\_\_\_\_

**John Doe** **813-123-4567**

Customer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**1234 Central Avenue** **Tampa** **FL** **33605**

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SAME**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INSTALLATION

**SEARS - Westfield Mall** **813-111-1111**

Contractor, Dealer Name, or Self \_\_\_\_\_ Phone Number \_\_\_\_\_

**459 Brandon Town Center Drive** **Tampa** **FL** **33511**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor License # **N/A** **(if purchased by contractor, please provide number)**

### REQUIRED FOR PAYMENT

ATTACH COPIES OF SALES INVOICE OR RECEIPTS FOR PURCHASE AND INSTALLATION OF APPLIANCE. ALLOWANCE WILL BE PAID ON NEW APPLIANCES ONLY AND MUST BE REQUESTED WITHIN ONE YEAR OF PURCHASE DATE. IF A SECTION IS LEFT BLANK ON THE FORM THE REBATE CAN NOT BE PROCESSED AND WILL BE RETURNED.

### NEW APPLIANCE INFORMATION

| Quantity               | Type of New Appliance Installed | Manufacturer   | Model Number       | *Tons or kW replaced | Allowance Amount |
|------------------------|---------------------------------|----------------|--------------------|----------------------|------------------|
| <b>1</b>               | <b>Tankless Water Htr</b>       | <b>Rinnai</b>  | <b>R 85 EN</b>     |                      | <b>\$450.00</b>  |
| <b>1</b>               | <b>Dryer</b>                    | <b>Kenmore</b> | <b>11077741600</b> |                      | <b>\$100.00</b>  |
|                        |                                 |                |                    |                      |                  |
| <b>Total Allowance</b> |                                 |                |                    |                      | <b>\$550.00</b>  |

\*Applicable for allowances requiring calculations (Gas Space Conditioning, Small Package Cogeneration, or Commercial Electric to Gas)

### PREVIOUS APPLIANCE INFORMATION

| Appliance Replaced  | Manufacturer     | Model Number      | Serial Number     | Type of Fuel Replaced (Gas, Electric, Oil) |
|---------------------|------------------|-------------------|-------------------|--|
| <b>Water Heater</b> | <b>Rheem</b>     | <b>MI40T5LN-8</b> | <b>HM 9943285</b> | <b>Natural Gas</b>                         |
| <b>Dryer</b>        | <b>Whirlpool</b> | <b>Unreadable</b> |                   | <b>Electric</b>                            |
|                     |                  |                   |                   |  |

I certify that I have had installed the above indicated gas energy conserving appliances. I understand that in order to receive payment of allowance all information requested on this form must be completed, AND copies of all purchase and installation invoices attached. All installations are subject to inspection in accordance with program approved by PSC Docket No. 800691-EG. I authorize payment of Energy Conservation Program allowance as indicated:

**CHECK TO BE ISSUED TO CUSTOMER JD (INITIAL) OR TO CONTRACTOR/DEALER \_\_\_\_\_ (INITIAL).**

John Doe

Customer Signature \_\_\_\_\_

2/26/08

Date \_\_\_\_\_

### PEOPLES GAS USE ONLY

Energy Conservation Program applied \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_ Office \_\_\_\_\_

Verified Receipts \_\_\_\_\_ Verified History \_\_\_\_\_ Verified Turn On \_\_\_\_\_

Verified Contact Info \_\_\_\_\_

White - Office / Yellow - Dealer - Contractor / Pink - Customer