

2016 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 Addre	ess			
Home Phone Number (with a	area code)		Daytime Pho	ne Number (with area code))	
Mailing Address			City		State	Zip Code	+ 4
Installation Address (if different	ent from mailing address)		City		State	Zip Code	+ 4
,	,		,				
Account Number / Location I	Number (Found on utility bill) (L	ocation Nu	umber for Austin customers only.	١			
,)			
Please apply rebate to my			e check. hecked a bill credit will automatic	ally bo issue	4 /		
(Repates \$75 and under will t	e applied to your account. If a bi	ox is not ci		ally be issued		_	_
How did you hear about C	- · · · · · · · · · · · · · · · · · · ·	_	_		Newspaper	Radio	Retailer/Vendor
Social Media TV	Utility Newsletter Utility F	Representa	ative 🔲 Utility Web Site 🔲 (Other			
I am a:	I am a:	My ho	me/business is heated by:	My wate	r heating is:		
Residential Customer	Owner/Occupant	☐ Ele	ectric	☐ Elect	ric		
Commercial Customer	Owner/Non-Occupant	☐ Gas	S	☐ Gas			
	Renter	Do	n't Know	Don't	Know		
The Minnesota Department	of Commerce requests that utilit	ies track tl	he following information for		Number of	People	Annual Household
-	ease read each step carefully				in House		Income
1) Find your household size	e on the table to the right.				1 2		\$23,540 \$31,860
2) Determine your annual	household income, before taxes	, including	g pension, social security, etc.		3		\$40,180
3) Is your household incor	me above or below the amount	_			4		\$48,500
corresponding to your household size in this table? above below				5 or mo	ore	\$56,820	
(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)							
A CIONATURE							
	:: I certify that I have rea plication and that all eq		erstand, and agree to the	terms an	d conditions	on the b	back page of this
Tebate ap	piloation and that an eq	uipilieli	t nas been mstaneu.				
CUSTOMER SIGNA	ATURE				D	ate	
(Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.)							
			OFFICE LIGHT ON	II V	-		
TEAMING UP TO	SAVE YOU MONI	31/	OFFICE USE ON	VLY	Gas	☐ Ele	ctric
A ₁	X		ID		Inspection	Date	
AUSTIN UTU ITIF	OWATONNA PUBLIC UTILITIES		Appliance/Equipment				
	VF & SAV	₽®	Approved By & Date		Total Rebate	-	
					Amount	Ψ	

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 (2016) purchases must be received by March 31, 2017.
 - 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 for window rebates.
- 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 www.owatonnautilities.com

3. CONTRACTOR/RETAILER INFORMATION (please print)

Contractor's/Retailer's Name	Contact Person	Phone Number (with area code)
contractor synctations are trained	oontact i cison	Thore 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)
nstaller's Name (write SELF if customer installed)		
Type of Appliance/Equipment Installed		

2016 BUILDING SHELL REBATES

CEE Contractor Participation Agreement, including correcting any deficiencies found by CEE and completing a Cl	ronment (CEE)-required trainings and be a standards, and agree to the provisions of the EE-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 o	utside of insulated walls)			
The following section must be completed if attic air sealing, or wall cavity insulation work was performed	d:			
Pre-installation blower door test:Pa Post-installation blower door test:	CFM atPa			
% 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 sa Spillage evaluation for all atmospherically-vented gas appliances				
Worst-case negative pressure measurement for each combustion appliance zone				
Signature of CEE Participating Contractor: 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 #:				
Ontadoor Name (p				
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:	OFFICE USE ONLY Rebate Total: \$			
Installation Date: Approximate Age of Furnace/Boiler: # of Stories: Furnace/Boiler's Approximate Efficiency: %	OFFICE USE ONLY Rebate Total: \$ccf			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) ONLY CUSTOMERS WHO HAVE HAD A HOUSE	Rebate Total: \$ccf Savings:ccf E CALL AUDIT PERFORMED MAY QUALIFY FOR THE PARTICIPATING CONTRACTOR INSTALLED REBATE.			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) 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 Self-Installed	Rebate Total: \$ccf Savings:ccf E CALL AUDIT PERFORMED MAY QUALIFY FOR THE PARTICIPATING CONTRACTOR INSTALLED REBATE. cost. te:			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) 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	Rebate Total: \$ccf Savings:ccf E CALL AUDIT PERFORMED MAY QUALIFY FOR THE PARTICIPATING CONTRACTOR INSTALLED REBATE. cost. te:			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) 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 Self-Installed	Rebate Total: \$ccf Savings:ccf E CALL AUDIT PERFORMED MAY QUALIFY FOR THE PARTICIPATING CONTRACTOR INSTALLED REBATE. cost. te:			
# of Stories: Furnace/Boiler's Approximate Efficiency: **ONLY CUSTOMERS WHO HAVE HAD A HOUS 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 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:	Rebate Total: \$			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) 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 Self-Installed	Rebate Total: \$			
# of Stories: Furnace/Boiler's Approximate Efficiency: % ATTIC INSULATION (Retrofit only) 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 Self-Installed	Rebate Total: \$ccf Savings:ccf SE CALL AUDIT PERFORMED MAY QUALIFY FOR THE E PARTICIPATING CONTRACTOR INSTALLED REBATE. cost. tte:			

REPLACEMENT DOORS (Less than 50% Glass) & GLASS ENTRY DOORS (At Least 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 (.30 for glass entry doors) or equivalent energy performance) REBATE: \$25 per door; \$15 per glass entry door *Exterior entry door into a conditioned living space, not including storm doors. *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:				
Building Type: Single-Family Manufactured Home Multi-Family Retail Office Church/School Other:				
Primary Heating Fuel: Natural Gas Glectric Other:				
Primary Cooling Type:				
Complete the following sections <u>FOR EACH DOOR TYPE</u> . Attach an additional sheet if necessary.				
U-Factor: Manufacturer: Model: Door Type:				
☐ X \$25 per Door = \$ (Total Rebate)				
Height (inches): Width (inches): # of Doors this Size: X \$15 per Glass Entry Door = \$ (Total Rebate)				
U-Factor: Manufacturer: Model: Door Type:				
U-Factor: Model: Door Type: X \$25 per Door = \$ (Total Rebate)				
Height (inches): Width (inches): # of Doors this Size: X \$15 per Glass Entry Door = \$ (Total Rebate)				
U-Factor: Manufacturer: Model: Door Type:				
U-Factor: Manufacturer: Model: Door Type: ☐ X \$25 per Door = \$ (Total Rebate)				
Height (inches): Width (inches): # of Doors this Size: X \$15 per Glass Entry Door = \$ (Total Rebate)				
U-Factor: Manufacturer: Model: Door Type:				
☐ X \$25 per Door = \$ (Total Rebate)				
Height (inches): Width (inches): # of Doors this Size: X \$15 per Glass Entry Door = \$ (Total Rebate)				
ONLY OURTONIEDO MUIO HAVE HAD A HOURE DATA DEPENDAND MAY QUALIEY FOR THE DEPENDANCE				
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 <i>top of page 3</i>) ☐ 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: OFFICE USE ONLY Rebate Total: \$				
Initial R-Value: R-Value Added: Total Ending R-Value (Initial + Added):				

WINDOWS 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); ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .30 or equivalent energy performance) REBATE: \$15 per window World's Best Window Co. Milwints 2207 in the City Building Department Final Inspection form with windows rebate. ENERGY PERFORMANCE RATINGS 0.30 ADDITIONAL PERFORMANCE PATINGS World's Best Window Co. Milwints 2207 in the City September of the City Building Department Final Inspection form with windows rebate. ENERGY PERFORMANCE RATINGS 0.30 ADDITIONAL PERFORMANCE RATINGS World's Best Window Co. Milwints 2207 in the City September of the Ci					
□ NFRC Labels Included (Required) □ City Final Inspection Form Submitted (Required for OPU customers.)					
Self-Installed Dealer Installed Installation Date:					
Dealer Name (Purchased A	t):	Dealer Phone (with area code):		
Dealer Address:		City:	State: Zip Code + 4:		
Approximate Year Building \	Was Constructed (Required):				
_		_			
_	□ Natural Gas □ Electric	_		—	
	_	_	☐ Air Source Heat Pump ☐ Geothermal	None Ninday(a)	
These windows were purcha			☐ To Replace Existing Non-Working or Broke		
		in an Existing Home/Building	As New Windows in a Newly-Constructed	Home/Building	
Complete the following	sections FOR EACH WINDO	<u>W TYPE.</u> Attach an additio	nal sheet if necessary.		
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	
U-Factor:	Manufacturer:	Model:	Window Type:		
Window Height (inches):	Width (inches):	# of Windows this Size:	X \$15 per Window = \$	(Total Rebate per Size)	

2016 CENTRAL A/C AND FURNACE REBATES

CENTRAL AIR CONDITIONERS & DUCTLESS MINI SPLIT SYSTEMS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH) 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) 20.0-20.99 **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 21.0-21.99 22.0+ see 20.000 BTU/hr or less \$125 \$150 \$175 \$225 \$250 \$275 \$100 \$200 formulas \$200 \$350 \$425 \$500 \$575 \$725 Over 20.000 BTU/hr \$275 \$650 below 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): AHRI Certified Ref #: Outdoor Unit Model #: Manufacturer's Name: (Required. Please include copy of AHRI Certificate.) Indoor Unit Model #: Manufacturer's Name: Rated Efficiency (SEER by AHRI): OFFICE USE ONLY # of Units Installed: Date of Installation: Why was this purchased? To replace: In no previous unit In failed unit In working unit Rebate Total: \$ FURNACE FAN MOTORS - NEW FURNACE INSTALLATIONS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH) MINIMUM EFFICIENCY REQUIREMENTS: Rated "e" electrically efficient furnace by AHRI (rated as AMACF) ELECTRIC REBATE: \$125 (AHRI=Air-Conditioning, Heating, and Refrigeration Institute - www.ahridirectory.org) (AMACF=Advanced Main Air Circulating Fan) Furnace Manufacturer's Name: Furnace Model #: Number of Units Installed: OFFICE USE ONLY AHRI Certified Reference #: Date of Installation: (Required. Please include copy of AHRI Certificate.) Rebate Total: \$ ☐ UNKNOWN **Do you have a central air conditioner?** YES (EXISTING) YES (NEW) □ NO FURNACE FAN MOTOR REPLACEMENTS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH) MINIMUM EFFICIENCY REQUIREMENTS: Retrofits must be Electronically Commutated Motor (ECM) or equivalent; documentation required FLECTRIC REBATE: \$125 Motor Manufacturer's Name: Motor Model #: Number of Units Installed: Date of Installation: OFFICE USE ONLY Have you attached the required documentation showing this retrofit motor is an Electronically Commutated Motor (ECM) or equivalent? YES Rebate Total: \$ **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% = \$300NOTE: Gas Inspection Required (OPU customers must include a copy of the city furnace or boiler final inspection form) Retrofit ■ New Construction Manufacturer's Name: Model Name: Model #: Heating Capacity (Btu/hr output): Rated Efficiency (AFUE %): Number of Units Installed: OFFICE USE ONLY AHRI Certified Reference #: Date of Installation: (Required. Please include copy of AHRI Certificate.) Why was this purchased? To replace: In no previous unit In failed unit In working unit Rebate Total: \$

2016 BOILER AND DOMESTIC WATER HEATER REBATES

BOILERS (AHRI=Air-Conditioning, Heating, and Refrigeration Institute) MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85% (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:		
AHRI Certified Reference #:	Date of Installation:	OFFICE USE ONLY		
(Required. Please include copy of AHRI Certificate.) Why was this purchased? To replace: ☐ no previous unit	a failed unit working unit	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:		
	of People Living in Your Home:	OFFICE USE ONLY		
Water Heating: Gas Electric				
Why was this purchased? To replace: no previous unit	☐ failed unit ☐ working unit	Rebate Total: \$		
TANK WATER HEATERS MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include	4 = \$50; 7 = \$75;	(EF=Energy Factor) (www.ahridirectory.org) -Conditioning, Heating, and Refrigeration Institute) form.)		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100	4 = \$50; 7 = \$75;	-Conditioning, Heating, and Refrigeration Institute)		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100	4 = \$50; 7 = \$75;	-Conditioning, Heating, and Refrigeration Institute)		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include	4 = \$50; 7 = \$75; a copy of the city furnace or boiler final inspection	-Conditioning, Heating, and Refrigeration Institute) form.)		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name: Storage Gallons:	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection of Model Name: Rated Efficiency (EF):	-Conditioning, Heating, and Refrigeration Institute) form.) Model #:		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name:	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection of Model Name: Rated Efficiency (EF): Date of Installation:	-Conditioning, Heating, and Refrigeration Institute) form.) Model #: Number of Units Installed:		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name: Storage Gallons: AHRI Certified Reference #: (Required. Please include copy of AHRI Certificate.) Why was this purchased? To replace: no previous unit	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection of Model Name: Rated Efficiency (EF): Date of Installation:	-Conditioning, Heating, and Refrigeration Institute) form.) Model #: Number of Units Installed: OFFICE USE ONLY Rebate Total: \$		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name: Storage Gallons: AHRI Certified Reference #: (Required. Please include copy of AHRI Certificate.)	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection is Model Name: Rated Efficiency (EF): Date of Installation: failed unit working unit to 0.80 2 = \$200; EF greater than or equal to 0.92 = \$25	-Conditioning, Heating, and Refrigeration Institute) form.) Model #: Number of Units Installed: OFFICE USE ONLY Rebate Total: \$		
MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name: Storage Gallons: AHRI Certified Reference #: (Required. Please include copy of AHRI Certificate.) Why was this purchased? To replace: no previous unit TANKLESS (INSTANTANEOUS) WATER HEATERS MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.80, but less than 0.9.	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection is Model Name: Rated Efficiency (EF): Date of Installation: failed unit working unit to 0.80 2 = \$200; EF greater than or equal to 0.92 = \$25	-Conditioning, Heating, and Refrigeration Institute) form.) Model #: Number of Units Installed: OFFICE USE ONLY Rebate Total: \$		
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MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.62, but less than 0.6 EF greater than or equal to 0.64, but less than 0.6 EF greater than or equal to 0.67 = \$100 NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name: Storage Gallons: AHRI Certified Reference #: (Required. Please include copy of AHRI Certificate.) Why was this purchased? To replace: no previous unit TANKLESS (INSTANTANEOUS) WATER HEATERS MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal REBATE: EF greater than or equal to 0.80, but less than 0.9. NOTE: Gas Inspection Required (OPU customers must include Manufacturer's Name:	4 = \$50; 7 = \$75; e a copy of the city furnace or boiler final inspection is Model Name: Rated Efficiency (EF): Date of Installation: a failed unit working unit to 0.80 (AHRI=Air-2 = \$200; EF greater than or equal to 0.92 = \$25; e a copy of the city furnace or boiler final inspection is Model Name:	Model #: Number of Units Installed: OFFICE USE ONLY Rebate Total: \$		

2016 OTHER NATURAL GAS REBATES

CLOTHES DRYERS (ALSO QUALIFIES FOR AN ELECTRIC REBATE – USE THIS GAS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH) MINIMUM EFFICIENCY REQUIREMENTS: ENERGY STAR® Label ELECTRIC DRYER REBATE: \$50 NATURAL GAS* DRYER REBATE: \$25–\$50 (\$25 for natural gas service* + \$25 for electric service)				
TRATURAL GAS DITTER REDAIL. \$23-\$30 (\$23 TOI Hattifal gas service 1 \$23 TOI Globale Service)				
Manufacturer's Name: Model #				
	OFFICE USE ONLY			
Number of Units Installed: Date of Installation:	Electric Rebate Total: \$			
Type of Clothes Dryer: Gas Dryer Electric Dryer				
☐ 4.4 ft ³ capacity or greater	Gas Rebate Total: \$			
Less than 4.4 ft ³ capacity: 120V 240V vented 240V vent	tless			
Why was this purchased? To replace: \square no previous unit \square failed unit \square working unit				
CLOTHES WASHERS (ALSO QUALIFIES FOR AN ELECTRIC AND A WATER REBATE – USE THIS GAS FORM OR AN ELECTRIC REBATE FORM MINIMUM EFFICIENCY REQUIREMENTS: ENERGY STAR® OR ENERGY STAR Most Efficient® ENERGY STAR REBATE: \$25-\$100 (\$50 for electric + \$25 for water + \$25 for natural gas*)				
ENERGY STAR MOST EFFICIENT REBATE: \$25–\$150 (\$100 for electric + \$25 for water + \$25 for natural gas*)				
CHOOSE ONE: ☐ ENERGY STAR [®] ☐ ENERGY STAR Most Efficient [®]				
	OFFICE USE ONLY			
Manufacturer's Name: Model #:	Electric Rebate Total: \$			
	Lieutic Resarc Iotal. 4			
Number of Units Installed: Date of Installation:	Water Rebate Total: \$			
Type of Clothes Dryer: Electric Gas Unknown Why was this purchased? To replace a: no previous unit failed unit working unit	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 Insert				
And the second s				
Manufacturer's Name: Model #: Seri	al #:			
Ignition Brand Name:	OFFICE LISE ONLY			
Tgillion Braile realis.	OFFICE USE ONLY			
Heating Capacity (Btu/hr input): Date of Installation:				
Why was this purchased? To replace: no previous unit failed unit working unit	Rebate Total: \$			
PROGRAMMABLE THERMOSTATS (Replacement Only) MINIMUM EFFICIENCY REQUIREMENTS: Thermostat must control primary heating system. REBATE: \$25				
Market Norman				
Manufacturer's Name: Model Name:	Model #:			
Number of Units Installed: Date of Installation:	OFFICE USE ONLY			
Why was this purchased? To replace: failed unit working unit	Rebate Total: \$			
This was the paronassa. To replace and and and and and and and	Toolate Island			
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:				
	OFFICE USE ONLY			
Calculated Annual Gas Energy Savings:				
	Rebate Total: \$			
Calculated Reimbursement \$ Date of Installation:	Savings: ccf			
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.	Savings:ccf			