



Mail the completed form to:
 Florida City Gas
 ATTN: ECP REBATES
 955 East 25th St
 Hialeah, FL 33013-3403

RESIDENTIAL SWITCH PROGRAM #3 INCENTIVE FORM

FOR CUSTOMER ONLY:

First Name Middle Initial Last Name Phone

Service Address City State Zip Code

Mailing Address City State Zip Code

Check the non-gas appliance(s) replaced with natural gas appliance(s):
 Electric Water Heater Electric Range Electric Dryer Electric Resistance Heat Electric Heat Pump
 Electric Air Conditioner Propane Water Heater Propane Range Propane Dryer Propane Furnace

Check here if moving into a home that does not have an appliance. Check the gas appliance purchased Range Dryer

Make/Model of new appliance _____

Make/Model of existing appliance _____

Signature (Owner) _____ Date _____

Applicant attests the existing appliances were non-gas appliances prior to replacement with natural gas appliances.

Rebates do not apply to gas appliances provided or purchased from a builder as part of a newly constructed home. Rebates are only available on customer owned appliances. Rented or leased appliances are excluded. Rebate cannot be processed without a copy of the purchase receipt(s). The amount of the rebate is limited to the cost of the appliance plus installation or the maximum cash allowance for the appliance, whichever is less.

<u>Appliance Replaced</u>	<u>Cash Allowance, up to</u>
Gas Range	\$100
Gas Dryer	\$100
Gas Furnace	\$625
Gas Water Heater	\$525
Gas Cooling/Dehumidification	\$1,200

Include a copy of your contractor installation receipt(s), appliance purchase receipt(s), as well as a current gas bill with this completed form. If you have any questions about this form, please call (888 248-9427). Complete all blanks that apply and return the form with copies of the receipt(s) to the address shown above.

FOR DEALERS AND PLUMBERS ONLY:

Name: _____ Contractor License _____

Address City State Zip Code

Cost of Appliance:	\$ _____	ASSIGNMENT OF REBATE I hereby authorize Florida City Gas to pay the Energy Conservation Program Rebate to the contractor listed above Customer's Signature: _____
Installation Cost:	\$ _____	
Less Incentive:	\$ _____	
Final Cost to Customer:	\$ _____	

FOR OFFICE USE ONLY:

Account Number Turn-on Date Record Number

Receipt(s) Verification (RGS, appliance history, etc.)