Florida City Gas

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

RESIDENTIAL WATER HEATER RETENTION PROGRAM INCENTIVE FORM

CUSTOMER INFORMATION:

_____

First Name Middle Initial Last Name Phone

_____

Service Address City State Zip Code

_____

Mailing Address City State Zip Code

Make/Model of new water heater _____

Make/Model of existing water heater _____

Signature (Tenant/Owner) _____Date_____

REBATES ARE ONLY AVAILABLE ON CUSTOMER OWNED WATER HEATERS. RENTED OR LEASED WATER HEATERS ARE EXCLUDED. REBATE CANNOT BE PROCESSED WITHOUT A COPY OF THE PURCHASE RECEIPT(S). THE AMOUNT OF THE REBATE IS LIMITED TO $50 PER REPLACED WATER HEATER.

INCENTIVE CAN NOT BE PROCESSED WITHOUT A COPY OF THE RECEIPT(S)

Include a copy of your contractor installation receipt(s) as well as the appliance purchase receipt(s) along with this completed form. If you have any questions about this form, please call (888) CITY GAS (888 248-9427) extension 5409. Complete all blanks that apply and return the form with copies of the receipt(s) to address shown above.

FOR DEALERS AND PLUMBERS ONLY:

Name: _____ Contractor License _____

_____

Address City State Zip code

Cost of Appliance: $_____

Installation Cost: $_____

Less Incentive: $_____

Final Cost to Customer: $_____

ASSIGNMENT OF REBATE

I hereby authorize Florida City Gas to pay the Energy Conservation Program Rebate to the contractor listed above

Customer's Signature: _____

FOR OFFICE USE ONLY:

_____

Account Number Turn-on Date Record Number