

WATER HEATER EQUIPMENT REBATE

Summit Natural Gas of Missouri

Program dates: January 1 through December 31.

Complete one form per water heater. To receive your rebate, submit all requested information, including a copy of the dated invoice from your installer or retailer, along with all requested signatures.



SEE OTHER SIDE FOR COMPLETE INSTRUCTIONS.

Send completed forms to: SNGMO Rebates, PO Box 2414, Fort Smith, AR 72902-2414

PURCHASER INFORMATION summitnaturalgas.com

Purchaser's Name _____ Daytime Phone _____ Home Phone _____

Mailing Address _____ City/State/Zip _____

Purchaser Email address (for questions on rebate paperwork) _____

Required: SNGMO acct. # where new water heater is installed _____

Required: Installation address, city and name where new water heater is installed _____

Send rebate check to: Mailing address _____ Installation address _____

1. Type of Installation: New Construction _____ Replacement (Failure) _____ Replacement (Upgrade) _____

2. Building Type:	Residential (Check below) OR	Commercial (Check below)		
	<input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family	<input type="checkbox"/> Com'l Laundry Facility <input type="checkbox"/> Laundromat <input type="checkbox"/> Hotel <input type="checkbox"/> Grocery Store <input type="checkbox"/> Office Building <input type="checkbox"/> Men's Dorm	<input type="checkbox"/> Elementary School <input type="checkbox"/> Jr. High/High School <input type="checkbox"/> Motel <input type="checkbox"/> Fast Food Rest. <input type="checkbox"/> Retail Store <input type="checkbox"/> Women's Dorm	<input type="checkbox"/> Health Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Sit Down Rest. <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____

3. Year Built: _____ Sq. ft. _____

4. Purchaser Type: Owner _____ Landlord _____ Builder _____ Renter _____ Agency _____

X Purchaser's signature _____ Date _____

EQUIPMENT INFORMATION (See reverse side for rebate amounts)

NEW WATER HEATER	OLD EQUIPMENT (if replacement)
Brand _____	Brand _____
Model # _____	Size/capacity _____
Serial # _____	Approximate age _____
BTU/hr. input _____	Uniform Energy factor _____
Size/Capacity _____	
Uniform Energy factor _____	
Date of installation _____	
What additional energy saving measures are you implementing (e.g. programmable thermostat, insulation, etc.)? _____	

INSTALLER INFORMATION

Company name _____ Address _____
Installer name (print) _____ City/State/ZIP _____
Email _____ Phone _____
Plumbing License # _____ Fax _____

X Installer Signature _____

QUALIFICATIONS

The qualifying equipment must be installed in a home or business served with natural gas from Summit Natural Gas of Missouri and must meet the following efficiencies:

Atmospheric, direct or power vent water heaters

EQUIPMENT	EFFICIENCY LEVEL*	CUSTOMER REBATE
Natural Gas Water Heater	.90 UEF or higher	\$400

Efficiency Level: UEF = Uniform Energy Factor

Rebate offer applies only to new natural gas water heaters.

Summit Natural Gas of Missouri uses AHRI (Air Conditioning, Heating & Refrigeration Institute) listings to determine the efficiency of the equipment. Equipment must be certified by AHRI.

Dealers/Plumbers are not eligible to receive their customer's rebate.

Building contractors should negotiate with homeowners to determine who receives the rebate. Equipment installed under warranty replacement does not qualify for the rebate.

APPLICATION REQUIREMENTS

The rebate application form must be submitted within 90 days of installation date or postmarked by December 31, whichever comes first! Application must be completely filled out with purchaser information, equipment information (including brand, complete model number, serial number, installation date and Energy Factor), and dealer/plumber or retailer information. Summit Natural Gas of Missouri is unable to accept applications that do not include all this information. A copy of the dated invoice or sales receipt must accompany the completed rebate application and must include the following information: brand, complete model number, and serial number. It is the responsibility of the purchaser to ensure that the installed equipment qualifies for the rebate. If it does not qualify, no rebate will be paid.

Summit Natural Gas of Missouri reserves the right to inspect the installed equipment.

Rebate qualifications and amounts are subject to change. Rebate funds are limited. Completed rebate forms will be processed in the order in which they are received. Summit Natural Gas of Missouri rebate programs may be cancelled or changed at any time.

This program ends December 31.

Rebates will not be paid if funds are depleted prior to December 31.

REBATE DETAILS

Summit Natural Gas of Missouri issues cash rebates in the form of checks, not utility bill credits. Summit Natural Gas of Missouri is not responsible if the dealer/plumber does not provide accurate information about the amount of rebate or equipment eligibility. Rebate checks will be mailed within 4-6 weeks and are paid on a first-come first-served basis.

APPLICATION CHECKLIST

- Dated sales invoice or receipt with model number and serial number
- Purchaser signature
- Dealer/Plumber or Installer signature
- Summit Natural Gas of Missouri account number

Mail completed paperwork to:

SNGMO Rebates
PO Box 2414
Fort Smith, AR 72902-2414

Inquire about your rebate

833-934-1416
Please allow 4 - 6 weeks.