



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
1	Tankless Water Htr	Rinnai	R 85 EN		\$450.00
1	Dryer	Kenmore	11077741600		\$100.00
Total Allowance					\$550.00

*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)
Water Heater	Rheem	MI40T5LN-8	HM 9943285	Natural Gas
Dryer	Whirlpool	Unreadable		Electric

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