



**CITY OF SHELBY  
NATURAL GAS REBATE REQUEST FORM**

<b>SECTION 1</b>	<b>REBATE RECIPIENT INFORMATION</b>		<b>SECTION 2</b>	<b>SERVICE ADDRESS INFORMATION</b>	
NAME _____			LOCATION _____		
MAILING ADDRESS _____					
CITY _____					
STATE _____ ZIP _____			SERVICE ACCOUNT# _____		
PHONE _____					
<b>SECTION 3</b>					
<b>TYPE OF REBATE</b>					
FIELD INSPECTION DATE: _____					
APPLIANCE INSTALLED: <input type="checkbox"/> PRIMARY HEATING <input type="checkbox"/> WATER HEATER <input type="checkbox"/> DRYER <input type="checkbox"/> RANGE					
PROPERTY TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL* <input type="checkbox"/> OTHER    (* INCLUDE DETAIL ON BACK)					
<b>WATER HEATER</b>					
<b>REBATE AMOUNT \$150 FIRST UNIT, \$100 SECOND UNIT</b>					
EXISTING TYPE OF WATER HEATER REPLACED?			NEW WATER HEATER BTU _____		
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS			NEW WATER HEATER GALLONS _____		
<input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR					
<b>HEATING SYSTEM</b>					
<b>REBATE AMOUNT \$200 FIRST UNIT, \$100 SECOND UNIT</b>					
EXISTING TYPE OF HEATING SYSTEM REPLACED?			NEW FURNACE BTU _____		
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS			<b>DUAL FUEL HEAT PUMPS DO NOT QUALIFY</b>		
<input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR					
<b>RANGE</b>					
<b>REBATE AMOUNT \$50 PER UNIT</b>					
EXISTING TYPE OF RANGE REPLACED?			NEW RANGE BTU _____		
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS					
<input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR					
<b>DRYER</b>					
<b>REBATE AMOUNT \$50 PER UNIT</b>					
EXISTING TYPE OF DRYER REPLACED?			NEW DRYER BTU _____		
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS					
<input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR					
<b>2 +1 PROGRAM (BUILDER/DEVELOPER/NEW CONSTRUCTION)</b>					
<b>REBATE AMOUNT \$400</b>					
<input type="checkbox"/> WATER HEATER		<input type="checkbox"/> FURNACE		<input type="checkbox"/> RANGE	
<input type="checkbox"/> DRYER		<input type="checkbox"/> GRILL		<input type="checkbox"/> LOGS <input type="checkbox"/> OTHER _____	
<b>MUST INCLUDE PRIMARY HEAT, WATER HEATER AND ONE OTHER NATURAL GAS APPLIANCE</b>					
<b>SECTION 4</b>					
<b>CONTRACTOR INFORMATION</b>					
Company Name _____		Contact Name/Title _____		Business Phone _____	
I certify that all equipment information is accurate. I have read and understand all information and qualification standards, and understand that City of Shelby may verify all information that I have provided.					
Contractor Signature _____			Date _____		
<b>SECTION 5</b>					
<b>CUSTOMER ACCEPTANCE OF TERMS</b>					
I certify that I have read and understand all information and qualification standards for the City of Shelby Natural Gas Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, and all information submitted above and to the inspection of equipment installation by the City of Shelby Marketing Department.					
Customer Signature _____			Date _____		
Rebates will not be paid for incomplete applications. Did you:					
<input type="checkbox"/> Include a copy of the dated sales invoice?		<input type="checkbox"/> Fill in equipment, customer and contractor information?			
<input type="checkbox"/> Sign and date the application?		<input type="checkbox"/> Include your service account number, if applicable?			
<input type="checkbox"/> Have your contractor sign and date the application?		<input type="checkbox"/> Retain copies of all paperwork for your records?			
<b>INSTALLATION OR PURCHASE MUST BE WITHIN 12 MONTHS OF REBATE REQUEST</b>					
<b>FOR OFFICE USE ONLY</b>					
Date Received _____	Date Approved _____	Rebate Amount(\$)	Authorized Signature _____		

**MAIL REBATE REQUEST FORM AND ALL REQUIRED RECEIPTS TO:**  
**Vallery McCoy**  
**City of Shelby Utilities**  
**PO Box 207**  
**Shelby, NC 28151-0207**