

**ATTACH
RECEIPT**

**RESIDENTIAL/SGS Domestic Use
REBATE APPLICATION FORM**



ENERGY STAR® -listed natural gas equipment qualify for rebates subject to listed maximum:

- Water heater/furnace combination unit \$450.00
- Boiler heating system \$200.00
- Tanked water heater \$40.00
- Forced air furnace \$200.00
- Tankless water heater \$200.00
- Programmable thermostat -only if purchased with qualifying furnace \$25.00

(Limit: One ENERGY STAR® listed water heater, space heat system and programmable thermostat per Missouri Gas Energy account.)

Missouri Gas Energy 10 digit account number: _____

Print your name: _____

Customer address: (Street) _____

(City) _____ (State) _____ (Zip) _____

(Home phone) _____ (E Mail Address) _____

New Equipment Data with Attached Receipt (required)

Date Purchased _____

New equipment installed	Manufacturer	Model Number	Rebate Amount
			\$
			\$
			\$

Equipment Replaced (required)

Equipment replaced	Estimated Age of Equipment	Manufacturer	Model Number	Fuel source

As a Missouri Gas Energy residential or domestic use SGS natural gas customer: I own my home or I rent my home
This rebate (circle one) **did** or **did not** influence my purchase decision.

I certify that the above new natural gas appliance/thermostat has been installed in my residence. I understand that to receive the rebate, all information requested on this form must be completed AND all purchased related invoices (less than one year old) attached. All installations are subject to inspection in accordance with program approved by MPSC Docket No. GR-2006-0422. I acknowledge MGE's right to substantiate sales receipts, serial numbers and installation, and to request additional documentation as necessary to assure program criteria compliance. (Rebate cannot be processed without a receipt.) I have read and understand the terms and conditions of the *MGE Rebate Program*. I certify that the information I have provided is true and correct and the product for which I am requesting a rebate meet the requirements of the Program:

Customer Signature _____

Date _____

(If homeowner installed, skip this portion)

Installer name: _____

Installer address: (Street) _____

(City) _____ (State) _____ (Zip) _____

(Work Phone) _____ (E Mail Address) _____

Installer signature: Installer attests that the invoice supplied accurately reflects the date and nature of equipment installed in the customer's home/business

Customers mail form to: Missouri Gas Energy, Attn: Rebate Program, 3420 Broadway, Kansas City, MO 64111. DO NOT INCLUDE WITH UTILITY BILL. Applicable rebate will be credited to your natural gas account within 60 days after verification of application and supporting documents.