



NATURAL GAS HOME BUILDERS REBATE

DATE: _____

PO # _____

INDICATE WHICH GAS APPLIANCES ARE INSTALLED

INV. NO. _____

<u>REBATE</u>	<u>APPLIANCE(S)</u>	
\$1000	WATER HEATER _____	\$ _____ Rebate Amount
	FURNACE _____	
	STOVE/RANGE _____	
	CLOTHES DRYER _____	
\$ 75	FIREPLACE _____	
\$ 75	POOL HEATER _____	

Owner (Please Print) _____ Phone _____

Site Address _____ Zip Code _____

Rebate Mailing Address _____

*To qualify, appliances must be installed and operational in accordance with Home Builders Partnership Agreement.
 *Site address must have a City of Corpus Christi Gas Utility Account with a residential meter.
 *Inspection of premises by the City of Corpus Christi Gas Department personnel is required.
 *Rebate request must be submitted within 6 months of the date of the Certificate of Occupancy.
 *Residential single family home builders only building within the Corpus Christi City limits are eligible.

I certify that the information provided is true and correct to the best of my knowledge.

Builder's Signature _____ Print Name _____

FOR OFFICE USE ONLY

Application: Approved _____ Disapproved _____ Inspection Date _____

Comments: _____

_____ Safety Information Delivered
 Gas Department Personnel

Finance & Resource Management Superintendent

FUND - ORG _____
 ACCT. # _____
 CATEGORY _____
 RECEIVER # _____

Permit No. _____

City of Corpus Christi Gas Department
 4225 S. Port Ave.
 Corpus Christi, TX 78415
 Office: 361-885-6910 Fax: 361-853-3200

Revised: 06/10/14