



NATURAL GAS ADVANTAGE HOME REBATE

DATE: _____

PO # _____

INDICATE WHICH GAS APPLIANCES ARE INSTALLED

INV. NO. _____

<u>REBATE</u>	<u>APPLIANCE(S)</u>	\$ _____
\$300	WATER HEATER _____	Rebate Amount
\$200	FURNACE _____	
\$ 75	FIREPLACE _____	
\$ 75	POOL HEATER _____	
\$ 50	STOVE/RANGE _____	
\$ 50	CLOTHES DRYER _____	

Owner (Please Print) _____ Phone _____

Site Address _____ Zip Code _____

Rebate Mailing Address _____

- *To qualify, appliances must be installed and operational.
- *Applicant 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 appliance installation.
- *Receipts for the gas line installation and purchase of the appliance(s) must be provided.

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

Applicant'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