



Rebate Application

APPLICANT INFORMATION

FOUNTAIN TOWN GAS ACCOUNT NUMBER :

Last Name	First	M.I.	Date
Service Address		Apartment/Unit #	
Mailing Address			
City	State	ZIP	
Phone	E-mail Address		

NEW NATURAL GAS FURNACE

*Please list the following information if you have purchased a **new** natural gas furnace*

Make:	Model:
Serial Number:	

CONVERTED FURNACE

*Please list the following information if you are **converting** your furnace*

Make:	Model:
Serial Number:	

NEW NATURAL GAS WATER HEATER

*Please list the following information in regards to your **new** natural gas water heater*

Make:	Model:
Serial Number:	

Identify additional conversions: (Please check)

Clothes Dryer ()
 Oven and cook top/Range ()
 Pool Heater ()

Type of energy being **replaced**: (Please check)

Electric
 Oil
 Propane

Verified by: _____

INSTALLER INFORMATION:

Company Name:
Address:
Phone Number:



Rebate Guidelines

The following lists the MINIMUM requirements needed to be eligible for the Fountaintown Gas Co., Inc. rebate program:

- Natural gas must be the PRIMARY heating source. Dual fuel sources are not acceptable.
- Rebate checks will be issued when guidelines and application information has been verified.
- Applications submitted from January 1, 2010 through December 31, 2010 will be considered.
- Equipment upgrade must be completed within the application timeline.

The following are the minimum efficiency standards that the new unit must display:

Appliance	Efficiency	Rebate amount
Natural Gas Furnace/Boiler	90%	\$200.00
Water Heater (from alternate energy source)	62%	\$150.00

*If you convert two of the following appliances, Clothes dryer, Oven and cook top/Range or Pool heater from an alternate energy source and add them to your water heater and furnace rebate application, you may receive an additional **\$150!** All equipment and guidelines must be verified by a Fountaintown Gas representative before the rebate is processed.

Mail completed applications to:
**Fountaintown Gas Rebate
 Program
 P.O. Box 1007
 Morristown, IN 46161**

You MUST review and agree to the terms below and sign and date for your application to be considered.

This completed form and a copy of the invoice(s) must be provided to receive a rebate(s). I certify that I have purchased the product(s) indicated on this form, and the unit(s) was installed at the address indicated. I understand that random inspections may be conducted to verify installation according to the terms and conditions. I have read and understand the general eligibility, terms and conditions associated with this program. I am providing the requested information solely to be eligible to participate in this program and request that the personal information supplied by me be treated as confidential to the maximum extent possible. I acknowledge and agree that Fountaintown Gas Co., Inc. is not warranting any equipment, nor will it be liable for any personal injury or property damage caused by the equipment.

Customer Signature:	Date
Approved:	Date