



NATURAL GAS APPLIANCE REBATE

DATE: _____

INVOICE NO. _____

INDICATE WHICH GAS APPLIANCES ARE BEING UTILIZED

REBATE	APPLIANCE	NO. OF UNITS		
\$300	WATER HEATER	_____	SFR	_____
\$200	FURNACE	_____		
\$75	FIRE PLACE	_____	NEW	_____
\$75	POOL HEATER	_____		
\$50	STOVE/RANGE	_____	EXISTING	_____
\$ 50	CLOTHES DRYER	_____		

Owner (Please Print) _____

Phone _____

Address _____

Zip Code _____

Mailing Address _____

Subdivision _____

- * To qualify, appliances must be installed and operational.
- * Maximum refund is \$600 per residence.
- * This offer is limited to six months from date of appliance purchase or installation.
- * Inspection of premises by the City of Corpus Christi Gas Department Marketing Personnel is required.
- * Applicant must be a City of Corpus Christi Gas Customer with a residential meter.
- * Receipts or a certificate of Occupancy is required before a rebate is paid.
- * Residential homebuilders and homeowners only.

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

Signature of Applicant

FOR OFFICE USE ONLY

Application: Approved _____ Disapproved _____ Inspection Date _____

Comments: _____

Gas Marketing Representative

Approval Date

Refund amount

Ricardo Guzman
Asst. Director of Gas Operations