

# Existing Residential Incentive Program

Effective: December 1, 2015

(Program subject to change or expire without notice)

Mail or fax this rebate request and copy of your invoice to:

Chester County Natural Gas Authority  
PO Box 220  
Chester, SC 29706

Phone: 803-385-3157  
Fax: 803-581-1543

Account Holder (Please Print)

Service Address

Account Number

City

Zip

## REBATE SCHEDULE

|              |                   |                        |                |                |
|--------------|-------------------|------------------------|----------------|----------------|
| Conversion:  | Furnace: \$200.00 | Water Heater: \$300.00 | Dryer: \$75.00 | Range: \$75.00 |
| Replacement: | Furnace: \$100.00 | Water Heater: \$100.00 | Dryer: \$25.00 | Range: \$25.00 |

## 1<sup>st</sup> APPLIANCE

|                                     |                                  |                                       |                                  |                                  |                              |                                   |
|-------------------------------------|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> Conversion | or                               | <input type="checkbox"/> Replacement  | Previous Energy Source:          | <input type="checkbox"/> Propane | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric |
| Type Appliance:                     | <input type="checkbox"/> Furnace | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Dryer   | <input type="checkbox"/> Range   |                              |                                   |
| <b>New Appliance Information</b>    |                                  |                                       | <b>Old Appliance Information</b> |                                  |                              |                                   |
| Make: _____                         |                                  |                                       | Make: _____                      |                                  |                              |                                   |
| Model: _____                        |                                  |                                       | Model: _____                     |                                  |                              |                                   |
| Serial #: _____                     |                                  |                                       | Serial #: _____                  |                                  |                              |                                   |

## INCENTIVE PAYMENT

Please Make Payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## INSTALLING CONTRACTOR OR HOMEOWNER

|                              |              |              |
|------------------------------|--------------|--------------|
| _____                        | _____        | _____        |
| Company Name/Home Owner Name | SC License # | Phone Number |

I have read the program conditions and guidelines and agree to the terms

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number

I would like more information on the following natural gas appliances:

Gas Lights     Generator     Water Heater     Logs     Grills     Other: \_\_\_\_\_

Approval Routing:

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Manager Service  
& Measurement

\_\_\_\_\_  
Manager Gas System  
& Corporate Relations

\_\_\_\_\_  
Accounting