

# WATER HEATER EQUIPMENT REBATE

## Summit Natural Gas of Missouri

Program dates: January 1 through December 31.

Complete one form per water heater. To receive your rebate, submit all requested information, including a copy of the dated invoice from your installer or retailer, along with all requested signatures.



SEE OTHER SIDE FOR COMPLETE INSTRUCTIONS.

Send completed forms to: SNGMO Rebates, PO Box 2414, Fort Smith, AR 72902-2414

### PURCHASER INFORMATION summitnaturalgas.com

Purchaser's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Purchaser Email address (for questions on rebate paperwork) \_\_\_\_\_

**Required:** SNGMO acct. # where new water heater is installed \_\_\_\_\_

**Required:** Installation address, city and name where new water heater is installed \_\_\_\_\_

Send rebate check to: Mailing address \_\_\_\_\_ Installation address \_\_\_\_\_

1. Type of Installation: New Construction \_\_\_\_\_ Replacement (Failure) \_\_\_\_\_ Replacement (Upgrade) \_\_\_\_\_

2. Building Type:	<b>Residential (Check below) OR</b>	<b>Commercial (Check below)</b>		
	Single-family Multi-family	Com'l Laundry Facility Laundromat Hotel Grocery Store Office Building Men's Dorm	Elementary School Jr. High/High School Motel Fast Food Rest. Retail Store Women's Dorm	Health Clinic Hospital Nursing Home Sit Down Rest. Warehouse Other _____

3. Year Built: \_\_\_\_\_ Sq. ft. \_\_\_\_\_

4. Purchaser Type: Owner \_\_\_\_\_ Landlord \_\_\_\_\_ Builder \_\_\_\_\_ Renter \_\_\_\_\_ Agency \_\_\_\_\_

**X** Purchaser's signature \_\_\_\_\_ Date \_\_\_\_\_

### EQUIPMENT INFORMATION (See reverse side for rebate amounts)

NEW WATER HEATER	OLD EQUIPMENT (if replacement)
Brand _____	Brand _____
Model # _____	Size/capacity _____
Serial # _____	Approximate age _____
BTU/hr. input _____	Uniform Energy factor _____
Size/Capacity _____	
Uniform Energy factor _____	
Date of installation _____	
What additional energy saving measures are you implementing (e.g. programmable thermostat, insulation, etc.)? _____	

### INSTALLER INFORMATION

Company name \_\_\_\_\_ Address \_\_\_\_\_  
Installer name (print) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Plumbing License # \_\_\_\_\_ Fax \_\_\_\_\_

**X** Installer Signature \_\_\_\_\_

**QUALIFICATIONS**

The qualifying equipment must be installed in a home or business served with natural gas from Summit Natural Gas of Missouri and must meet the following efficiencies:

**Atmospheric, direct or power vent water heaters**

EQUIPMENT	EFFICIENCY LEVEL*	CUSTOMER REBATE
Natural Gas Water Heater	.90 UEF or higher	\$400

Efficiency Level: UEF = Uniform Energy Factor

Rebate offer applies only to new natural gas water heaters.

Summit Natural Gas of Missouri uses AHRI (Air Conditioning, Heating & Refrigeration Institute) listings to determine the efficiency of the equipment. Equipment must be certified by AHRI.

**Dealers/Plumbers are not eligible to receive their customer's rebate.**

**Building contractors should negotiate with homeowners to determine who receives the rebate. Equipment installed under warranty replacement does not qualify for the rebate.**

**APPLICATION REQUIREMENTS**

**The rebate application form must be submitted within 90 days of installation date or postmarked by December 31, whichever comes first!** Application must be completely filled out with purchaser information, equipment information (including brand, complete model number, serial number, installation date and Uniform Energy Factor), and dealer/plumber or retailer information. Summit Natural Gas of Missouri is unable to accept applications that do not include all this information. A copy of the dated invoice or sales receipt must accompany the completed rebate application and must include the following information: brand, complete model number, and serial number. It is the responsibility of the purchaser to ensure that the installed equipment qualifies for the rebate. If it does not qualify, no rebate will be paid.

Summit Natural Gas of Missouri reserves the right to inspect the installed equipment.

Rebate qualifications and amounts are subject to change. Rebate funds are limited. Completed rebate forms will be processed in the order in which they are received. Summit Natural Gas of Missouri rebate programs may be cancelled or changed at any time.

**This program ends December 31.**

**Rebates will not be paid if funds are depleted prior to December 31.**

**REBATE DETAILS**

Summit Natural Gas of Missouri issues cash rebates in the form of checks, not utility bill credits. Summit Natural Gas of Missouri is not responsible if the dealer/plumber does not provide accurate information about the amount of rebate or equipment eligibility. Rebate checks will be mailed within 4-6 weeks and are paid on a first-come first-served basis.

**APPLICATION CHECKLIST**

- Dated sales invoice or receipt with model number and serial number
- Purchaser signature
- Dealer/Plumber or Installer signature
- Summit Natural Gas of Missouri account number

**Mail completed paperwork to:**

SNGMO Rebates  
PO Box 2414  
Fort Smith, AR 72902-2414

**Inquire about your rebate**

833-934-1416  
Please allow 4 - 6 weeks.