



CITY OF SHELBY NATURAL GAS REBATE REQUEST FORM

SECTION 1 <i>REBATE RECIPIENT INFORMATION</i>	SECTION 2 <i>SERVICE ADDRESS INFORMATION</i>	
NAME _____	LOCATION _____	
MAILING ADDRESS _____		
CITY _____		
STATE _____ ZIP _____	SERVICE ACCOUNT# _____	
PHONE _____		
SECTION 3 <i>TYPE OF REBATE</i>		
FIELD INSPECTION DATE _____		
APPLIANCE INSTALLED: <input type="checkbox"/> PRIMARY HEATING <input type="checkbox"/> WATER HEATER <input type="checkbox"/> DRYER <input type="checkbox"/> RANGE		
PROPERTY TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL* <input type="checkbox"/> OTHER (* INCLUDE DETAIL ON BACK)		
WATER HEATER <i>Rebate Amount: Standard \$200.00 1st unit, \$100.00 2nd unit Tankless: \$200.00 1st unit, \$100.00 2nd unit</i>		
EXISTING TYPE OF WATER HEATER REPLACED? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR	NEW WATER HEATER BTU _____ NEW WATER HEATER GALLONS _____	
HEATING <i>Rebate Amount: Standard \$200.00 1st unit, \$100.00 2nd unit Dual Fuel: \$200.00 1st unit, \$100.00 2nd unit</i>		
EXISTING TYPE OF HEATING SYSTEM REPLACED? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR	NEW FURNACE BTU _____	
RANGE <i>Rebate Amount: \$100.00 per unit</i>		
EXISTING TYPE OF RANGE REPLACED? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR	NEW RANGE BTU _____	
DRYER <i>Rebate Amount: \$200.00 per unit</i>		
EXISTING TYPE OF DRYER REPLACED? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> LP GAS <input type="checkbox"/> FUEL OIL <input type="checkbox"/> SOLAR	NEW DRYER BTU _____	
SECTION 4 <i>CONTRACTOR INFORMATION</i>		
Company Name _____	Contact Name/Title _____	Business Phone _____
I certify that all equipment information is accurate. I have read and understand all information and qualification standards, and understand that City of Shelby may verify all information that I have provided.		
Contractor Signature _____		Date _____
SECTION 5 <i>CUSTOMER ACCEPTANCE OF TERMS</i>		
I certify that I have read and understand all information and qualification standards for the City of Shelby Natural Gas Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, and all information submitted above and to the inspection of equipment installation by the City of Shelby Marketing Department.		
Customer Signature _____		Date _____
Rebates will not be paid for incomplete applications. Did you:		
<input type="checkbox"/> Include a copy of the dated sales invoice?	<input type="checkbox"/> Fill in equipment, customer and contractor information?	
<input type="checkbox"/> Sign and date the application?	<input type="checkbox"/> Include your service account number, if applicable?	
<input type="checkbox"/> Have your contractor sign and date the application?	<input type="checkbox"/> Retain copies of all paperwork for your records?	
INSTALLATION OR PURCHASE MUST BE WITHIN 12 MONTHS OF REBATE REQUEST		
FOR OFFICE USE ONLY		
Date Received _____	Date Approved _____	Rebate Amount(\$) Authorized Signature _____

MAIL REBATE REQUEST FORM AND ALL REQUIRED RECEIPTS TO: **Cale Wright**
City of Shelby Utilities
PO Box 207, Shelby, NC 28151-0207

Rev: 05/15/2024