



# Request for Natural Gas Allowance Energy Conservation Program

Division: \_\_\_\_\_ Account # \_\_\_\_\_ Premise # \_\_\_\_\_ Res X Com \_\_\_\_\_

**John Doe** **813-123-4567**  
Customer Name Phone Number  
**1234 Central Avenue Tampa FL 33605**  
Service Address City State Zip

**SAME**  
Mailing Address City State Zip

Mailing Address City State Zip

**SEARS - Westfield Mall** **813-111-1111**  
Contractor/Dealer Name/Self Phone Number  
**459 Brandon Town Center Drive Tampa FL 33511**  
Mailing Address City State Zip

Contractor License # **N/A** (if purchased by contractor, please provide number)

**REQUIRED FOR PAYMENT**

**ATTACH COPIES OF SALES INVOICE OR RECEIPTS FOR PURCHASE AND INSTALLATION OF APPLIANCE. ALLOWANCE WILL BE PAID ON NEW APPLIANCES ONLY AND MUST BE REQUESTED WITHIN ONE YEAR OF PURCHASE DATE.**

Quantity	New Appliance Installed	Manufacturer	Model Number	*Tons or kW replaced	Allowance Amount
1	Tankless Water Htr	Rinnai	R 85 EN		\$450.00
1	Dryer	Kenmore	11077741600		\$100.00
<b>Total Allowance</b>					<b>\$550.00</b>

\*Applicable for allowances requiring calculations (Gas Space Conditioning, Small Package Cogeneration, or Commercial Electric to Gas)

Appliance Replaced	Manufacturer	Model Number	Serial Number	Fuel Replaced
Water Heater	Rheem	MI40T5LN-8	HM 9943285	Natural Gas
Dryer	Whirlpool	Unreadable		Electric

I certify that I have had installed the above indicated gas energy conserving appliances. I understand that in order to receive payment of allowance all information requested on this form must be completed, AND copies of all purchase and installation invoices attached. All installations are subject to inspection in accordance with program approved by PSC Docket No. 800691-EG. I authorize payment of Energy Conservation Program allowance as indicated:

**CHECK TO BE ISSUED TO CUSTOMER JD (INITIAL) OR TO CONTRACTOR/DEALER \_\_\_\_\_ (INITIAL).**

Customer Signature John Doe Date 2/26/08

**PEOPLES GAS USE ONLY**

Energy Conservation Program applied \_\_\_\_\_  
Processed by \_\_\_\_\_ Date \_\_\_\_\_ Office \_\_\_\_\_  
Verified Receipts \_\_\_\_\_ Verified History \_\_\_\_\_ Verified Turn On \_\_\_\_\_  
Verified Contact Info \_\_\_\_\_

White - Office / Yellow - Dealer - Contractor / Pink - Customer