

COMMERCIAL CONVERSION INCENTIVE REBATE REQUEST FORM



This Incentive Rebate Request Form shall be used to apply for the Natural Gas Conversion and Incentive Rebate for Small and Large Commercial Classes ("Incentive Rebate"). Please complete one form per meter and submit with **PAID & ITEMIZED INVOICE(S) attached, must be marked "paid" if business is rebate recipient AND W9 FOR PAYEE.** Please allow at least 6 weeks for payment.

CUSTOMER AND PROPERTY INFORMATION			
Account Holder Name		Project Completion Date	
Property Address			
Mailing Address			
Email		Commercial Acct #	
Is a multi-unit apartment with 5 or more		<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #

CUSTOMER ELIGIBILITY (Please check all that apply)	
Previous Primary Fuel Source: <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Other:	
Reason for Conversion: <input type="checkbox"/> System Failure <input type="checkbox"/> Increased Efficiency <input type="checkbox"/> New Homeowner <input type="checkbox"/> Prefer Natural Gas <input type="checkbox"/> Other:	
<input type="checkbox"/>	Customer is in the Small or Large Commercial Class in Summit Natural Gas of Maine, Inc.'s ("Summit") service territory.
<input type="checkbox"/>	Customer receives service under the rates included in the approved Maine Public Utilities Commission Rate Schedule.

VENDOR INFORMATION (Company name, address & license number)	
Vendor 1	
Vendor 2	

REBATE CALCULATION (Instructions: Requested Rebate Amount = Measure Cost multiplied by Maximum % of Cost. The Requested Rebate Amount cannot exceed the Maximum Rebate amount.)					
ITEM	ELIGIBLE MEASURES	MEASURE COST	MAXIMUM REBATE	MAXIMUM % OF COST	ACTUAL REBATE
1	Conversion Costs	\$	\$1,500	75%	\$
Total Incentive Rebate Amount Requested					\$

The terms and conditions of the Incentive Rebate are posted at www.summitnaturalgasmaine.com/rebates. All decisions by Summit are final regarding the Incentive Rebate.

Please send check to customer OR vendor:

Vendor Name: _____
Vendor Address: _____

ACKNOWLEDGMENT I certify that all information included with this Promotional Rebate Request Form is accurate.

ACCOUNT HOLDER SIGNATURE		DATE	
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Please submit by (1) email: rebates@summitnaturalgas.com OR (2) fax: 207-621-8009 OR (3) mail: 442 Civic Center Dr., Suite 425, Augusta ME 04330