



**Mail the completed form to:**  
 Florida City Gas  
 ATTN: ECP REBATES  
 955 East 25th St  
 Hialeah, FL 33013-3403

**RESIDENTIAL APPLIANCE RETENTION PROGRAM INCENTIVE FORM**

**CUSTOMER INFORMATION:**

First Name	Middle Initial	Last Name	Phone
Service Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Make/Model of appliance _____			
Make/Model of existing appliance _____			
Signature (Tenant/Owner) _____		Date _____	

**Rebates do not apply to gas appliances provided or purchased from a builder as part of a newly constructed home. Rebates cannot be processed without a copy of the purchase receipt(s). The amount of rebate is limited to the cost of the appliance plus installation or the maximum cash allowance for the appliance, whichever is less.**

Appliance Replaced	Cash Allowance, up to
Gas Range	\$100
Gas Dryer	\$100
Gas Furnace	\$350
Gas Water Heater	\$350
Gas Tankless Water Heater	\$450

Include a copy of your contractor installation receipt(s), appliance purchase receipt(s), as well as a current gas bill with this completed form. If you have any questions about this form, please call (888) 248-9427. Complete all blanks that apply and return the form with copies of the receipt(s) to address shown above.

**FOR DEALERS AND PLUMBERS ONLY:**

Name: \_\_\_\_\_ Contractor License \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cost of Appliance:	\$ _____	<b>ASSIGNMENT OF REBATE</b> I hereby authorize Florida City Gas to pay the Energy Conservation Program Rebate to the contractor listed above <b>Customer's Signature:</b> _____
Installation Cost:	\$ _____	
Less Incentive:	\$ _____	
Final Cost to Customer:	\$ _____	

**FOR OFFICE USE ONLY:**

Account Number \_\_\_\_\_ Turn-on Date \_\_\_\_\_ Record Number \_\_\_\_\_