



Natural Gas Appliance Rebate Request Form

CUSTOMER INFORMATION (PLEASE PRINT OR TYPE)

Customer Name:			
Contact Number:		Account #:	
Address where appliance was installed:			
Is this a Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address:		City:	
State:		Zip/Postal Code:	

Mail To:
 City of Enumclaw Gas Utility
 Attn: Rebates
 2041 Railroad St
 Enumclaw, WA 98022
 Office: (360) 825-5541

To Qualify for a Hot Water Conversion Rebate:

1. Rebates are effective through December 31, 2020.
2. Limited to residential and commercial dwellings served by the City of Enumclaw Natural Gas.
3. Requires the verification of an electric hot water heater by the City of Enumclaw Gas Utility prior to installation of a natural gas water heater.
4. The new hot water heater must be installed according to all jurisdictional building codes. Proof of installation and permitting is required.
5. Application must be received within 60 day of installation.
6. Applicant must install ENERGY STAR qualified water heating equipment.

To Apply for the Rebate:

1. Attach originals of dated sales receipt and/or contractor invoice with completed form and mail to the above address within 60 days of installation. Incomplete forms or missing documents will result in denial.
2. Rebates must be submitted by the property or business owner.

Payment of the Rebate:

1. Applicant must have an active City of Enumclaw Gas Account.
2. The rebate may not be used in lieu of the deposit on new gas accounts.
3. Rebates are applied as a credit to the City of Enumclaw Gas Account for homeowner occupied units.
4. Rebates are mailed to the owner of commercial and residential rental properties.

Date of Conversion:		Name of Contractor:		Phone#:	
Brand/Model # of Installed Hot Water Heater:					

Attach a copy of your final invoice or sales receipt along with a copy of the final on the approved permit. Your installation invoice or receipt must include an installation date, brand and model number of the installed equipment.

Signature (typed is accepted):	Date:
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DO NOT WRITE IN THIS BOX
 City of Enumclaw Gas Use Only

Date Received: _____ Approved Receipts: Yes No On-Site Verification: Prior _____ Post _____

Approved Date: _____ Approved By: _____