



2017 Non-Residential Request for Rebate

Conversions before March 3, 2017 – Non-Residential Rebate available to all eligible Maine Natural Gas customers, 50% of the cost of conversion from an alternate fuel or installation of a natural gas fired appliance(s) up to \$1,000.00. To be eligible for the rebate, please fill out, sign and submit this form along with copies of your contractor invoices.

Conversions on or after March 3, 2017 – Non-Residential The Company will make available to all Non-Residential Program Participants in its service territory a rebate of up to \$1,500.00 per meter of the actual cost of heating system conversion subject to the terms and conditions stated in Maine Natural Gas tariff.

Company Name: _____ Contact Name: _____

Service Address: _____

Mailing Address: _____

Mailing Town, State, Zip _____

Equipment Installed/converted: _____

Select your repayment option:

Credit rebate to: Maine Natural Gas account # _____

Electronic check transfer: Bank Name _____ Account # _____

ACH routing # _____ (include voided check)

Copy of invoice(s) must be included to process rebate

Installed Date ____/____/____

If the sum total of Maine Natural Gas rebates received by an individual or business in 2017 exceeds \$600, the IRS may consider these rebates subject to Section 6109 reporting. Please supply the following information to help Maine Natural Gas determine if this rebate should be reported to the IRS and if you should receive a 1099 notification to use in preparing your income tax return.

Applicant's tax status is:

1 Corporation

2 Government Agency

3 Not For Profit Organization

4 Other (Individual, Partnership, etc.)

Applicant's federal income tax I.D. number is _____

This is a: 1 Social Security Number 2 Business tax I.D. Number

Failure to include your tax status and Social Security # or Tax I.D. # will delay or void this application.

I do hereby certify that this equipment is installed in a building serviced by Maine Natural Gas gas lines. In addition, I will allow a Maine Natural Gas representative to verify that the specified equipment was purchased and installed at the above stated service address.

Customer Signature: _____ Date ____/____/____

Return checklist: 1) Form completed, signed and tax status section filled out 2) Copy of contractor's invoice 3) Repayment choice selected and, if electronic payment, attach voided check. Thank you!

<i>Maine Natural Gas Office use only:</i>	
Customer Acct # _____	Meter turn on date: _____
Approval Signature _____	Date ____/____/____
	Amount \$ _____

Return to Maine Natural Gas, PO Box 99, Brunswick, ME 04011