



ACCOUNT INFORMATION

ACCOUNT NO: _____ APPLICATION DATE: _____
CUSTOMER NAME: _____ PHONE: _____
BILLING ADDRESS: _____
SERVICE ADDRESS (IF DIFFERENT): _____
EMAIL: _____

CONTRACTOR INFORMATION

CONTRACTOR: _____ PHONE: _____
ADDRESS: _____
FEDERAL TAX ID NO: _____

EQUIPMENT REMOVED FROM PROPERTY

CIRCLE TYPE: HWH FURNACE BOILER OTHER:
MANUFACTURER: _____ MODEL NO: _____
SERIAL NO: _____ AFUE RATING: _____
APPROXIMATE AGE: _____ FUEL: _____

EQUIPMENT REMOVED FROM PROPERTY

CIRCLE TYPE: HWH FURNACE BOILER OTHER:
MANUFACTURER: _____ MODEL NO: _____
SERIAL NO: _____ AFUE RATING: _____
APPROXIMATE AGE: _____ FUEL: _____

NEW NATURAL GAS EQUIPMENT INSTALLED AT THE PROPERTY

CIRCLE TYPE: HWH FURNACE BOILER OTHER:
MANUFACTURER: _____ MODEL NO: _____
SERIAL NO: _____ AFUE RATING: _____
DATE INSTALLED*: _____ FUEL: _____
BTU RATING: _____ MEASURE: _____

NEW NATURAL GAS EQUIPMENT INSTALLED AT THE PROPERTY

CIRCLE TYPE: HWH FURNACE BOILER OTHER:
SERIAL NO: _____ AFUE RATING: _____
DATE INSTALLED*: _____ FUEL: _____
BTU RATING: _____ MEASURE: _____

NEW NATURAL GAS EQUIPMENT INSTALLED AT THE PROPERTY

CIRCLE TYPE: HWH FURNACE BOILER OTHER:
MANUFACTURER: _____ MODEL NO: _____
SERIAL NO: _____ AFUE RATING: _____
DATE INSTALLED*: _____ FUEL: _____
BTU RATING: _____ MEASURE: _____



ACCOUNT INFORMATION

ACCOUNT NO: _____ APPLICATION DATE: _____
CUSTOMER NAME: _____ PHONE: _____
BILLING ADDRESS: _____
SERVICE ADDRESS (IF DIFFERENT): _____
EMAIL: _____

CALCULATE YOUR REBATE

EQUIPMENT

Furnace AFUE \geq 90 w/ECM	\$ 1,000	_____
Water Boiler AFUE \geq 90	\$ 1,000	_____
Steam Boiler AFUE \geq 82	\$ 1,000	_____
Boiler Reset Controls*	\$ 200	_____
Tankless HWH EF \geq 0.82	\$ 400	_____
Storage HWH EF 0.67 to 0.81, 40 gal min.	\$ 200	_____
Gas Stove	\$ 75	_____

TOTAL REBATE REQUEST \$ _____

*Must be installed at time of boiler installation.

APPLICATION CHECKLIST

Attach a copy of the installer's invoice showing the make, model, serial number of all qualifying equipment and date of installation with this completed form.

Attach a copy of a paid receipt/proof of purchase and proof of ownership

Attach proof of the AFUE rating by the manufacturer or other certifying body

Make a copy of all submitted documents for your records

Mail completed, signed applications and all corresponding documents to:

Leatherstocking Gas, 498 S Main St, Suite C, Montrose, PA 18801

OR email completed application and corresponding materials to: vcaby@leatherstockinggas.com

Please allow 4-6 weeks for your rebate to be processed. Your rebate will appear as a credit on your bill.

Program subject to change or end at any time at the discretion of Leatherstocking Gas.

SIGNATURE: _____ DATE: _____