

Commercial boiler system rebate application



Use this form for space heating equipment only. See back for important details and how to submit application.

Mailing address

For company listed on CenterPoint Energy account.

Company _____

Address _____

City / State / ZIP _____

Contact person _____

Phone () _____

E-mail address* _____

Contractor information

Company _____

Address _____

City / State / ZIP _____

Contact person _____

Phone () _____ Fax () _____

Equipment information

Gas bill acct # (required)

Installation address _____

City / State / ZIP _____

*By providing your e-mail address, you are giving us permission to send you e-mail about the Heating System Rebate and other programs and services.

Customer or mechanical contractor signature _____

CenterPoint Energy representative (if applicable) _____

Please remember to: Enclose paid in full invoice with separate figures for equipment, labor and taxes. Include your account number (above).

For more information, contact: Customer Contractor **Send rebate check to:** Mailing address Installation address

EQUIPMENT INFORMATION – NEW HEATING SYSTEMS OR RETROFITS

Please refer to the tables in our Heating System Rebate brochure. Use additional forms if needed for space.

Type of equipment: Boiler Burner Vent damper Cut-out control Reset control

										Office use only
	Date of installation	Quantity	Manufacturer brand / model <small>(must be complete)</small>	Serial number	Btu/hr input	Operating pressure (PSI)	Full load operating hours	Boiler eff. rating	Equipment cost <small>(excluding taxes & labor)</small>	Rebate amount
1.									\$	\$
2.									\$	\$
3.									\$	\$
Rebate total \$										

CENTERPOINT ENERGY BUSINESS USE ONLY				
Requesting co:	0072	CenterPoint Energy, A/P payment req		
(Non-PO)				
G/L acct 562020	Cost center	Internal order 11021956	Chg co. 0072	Amount
Date	Date required	Requested by	TOTAL	
Approved (print)	Angela Kline	Approved (sign)		

RETURN CHECK TO COMMERCIAL REBATE PROCESSING, LASALLE PLAZA

FOR CENTERPOINT ENERGY USE ONLY
SIC
Rate class
DKT saved

IMPORTANT REQUIREMENTS

1. All qualifying equipment must be fully installed and operational.
2. Enclose contractor invoice showing separate figures for equipment, labor, and taxes. Rebates are calculated on equipment cost only, not on taxes, labor, unattached material, piping, or controls.
3. Enclose combustion efficiency documentation for all equipment not rated by GAMA (Gas Appliance Manufacturers Association).
4. All required information must be submitted before rebate can be paid.
5. Qualifying equipment must use natural gas provided by CenterPoint Energy in Minnesota.
6. For information on specific rebate amounts and caps, please see our comprehensive Heating System brochure or visit CenterPointEnergy.com/BusinessRebates.
7. Applications must be received by December 15 of the calendar year in which the equipment is installed. To avoid delays in rebate processing, please submit your paperwork as soon as equipment installation is complete.

For any equipment installed between December 15 and December 31, please contact CenterPoint Energy for advance rebate approval.
8. Please allow six to eight weeks for rebate processing. Rebate checks will be made to the name listed on the CenterPoint Energy account.

Mail completed paperwork to:

Commercial Rebate Processing
CenterPoint Energy
PO Box 59038
Minneapolis, MN 55459-0038

For more information

Call our Business Customer Hotline or visit our Web site.
612-321-4939 (toll free 1-877-809-3803)
CenterPointEnergy.com/BusinessRebates

Note: For questions about rebates for process heating equipment, please call your account manager or 612-321-4330 (1-800-234-5800, ext. 4330).

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Complete in full, so we'll know who to contact if necessary.

The account number is vital to processing your rebate and must be included.

This is the address where your monthly gas bill is sent. Complete in full.

Mailing address
For company listed on CenterPoint Energy account.

Company ABC Company Inc.

Address 123 Jefferson St.

City / State / ZIP Jefferson, MN 55555

Contact person Joe Customer

Phone (123) 456 7890

E-mail address* Joe.Owner@ABC.company.com

Contractor information

Company Commercial Boiler System Inc

Address 456 Jackson St.

City / State / ZIP Jackson, MN 55666

Contact person Joanne Contractor

Phone (456) 789 0123 Fax (789) 012 4567

Equipment information

Gas bill acct # (required)

Installation address 456 Jefferson St.

City / State / ZIP Jefferson, MN 55777

This is the address where the equipment was installed. Complete in full.

*By providing your e-mail address, you are giving us permission to send you e-mail about the Heating System Rebate and other programs and services.

Customer or mechanical contractor signature _____ CenterPoint Energy representative (if applicable) _____

Please remember to: Enclose paid in full invoice with separate figures for equipment, labor and taxes. Include your account number (above).

For more information, contact: Customer Contractor **Send rebate check to:** Mailing address Installation address

EQUIPMENT INFORMATION - NEW HEATING SYSTEMS OR RETROFITS

Please refer to the tables in our Heating System Rebate brochure. Use additional forms if needed for space.

Include as much product detail as possible on the form. Include a copy of the invoice for reference.

Type of equipment: Boiler Burner Vent damper Cut-out control Reset control

										Office use only
Date of installation	Quantity	Manufacturer brand / model <small>(must be complete)</small>	Serial number	Btu/hr input	Operating pressure (PSI)	Full load operating hours	Boiler eff. rating	Equipment cost <small>(excluding taxes & labor)</small>	Rebate amount	
1. 03/04/2007	1	Brand Name/ABC 123	123456789123				95%	\$ 1,589.00	\$	
2.								\$ 0.00	\$	
3.								\$ 0.00	\$	
									Rebate total \$	

CENTERPOINT ENERGY BUSINESS USE ONLY

Requesting co: 0072 CenterPoint Energy, A/P payment req _____ (Non-PO)

G/L acct 562020 Cost center _____ Internal order 11021956 Chg co. 0072 Amount _____

Date _____ Date required _____ Requested by _____ TOTAL _____

Approved (print) Angela Kline Approved (sign) _____

**RETURN CHECK TO
COMMERCIAL
REBATE
PROCESSING,
LASALLE PLAZA**

FOR CENTERPOINT ENERGY USE ONLY

SIC _____

Rate class _____

DKT saved _____

Note: It is important that you include all copies of invoices. Also include a product specification sheet, shop drawing or owner's manual.