

## OHIO VALLEY GAS CORPORATION APPLICATION FOR RESIDENTIAL/SMALL COMMERCIAL INCENTIVE(S)

<b>CUSTOMER NO.</b>	<b>RESERVATION NO.</b>	
<b>CUSTOMER'S NAME</b>	<b>PHONE NO.</b>	
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

Applicant must complete and submit this Reservation Application form to cover the planned **INSTALLATION** or **CONVERSION** of a **HEATING OR WATER HEATING SYSTEM** or other natural gas-fired equipment at the above address. Upon completion of the installation or conversion, which must occur within **60 DAYS** after application for incentive is approved, the applicant must re-submit the approved Reservation Application form along with applicable receipts and documentation covering the equipment used for the installation or conversion.

### RESERVATION FOR INCENTIVE

I/We hereby apply for an incentive reservation to cover our planned installation/conversion of the following natural gas appliance(s) in the residential home located at the above service address.

- |  |                              |                                      |   |
|--|------------------------------|--------------------------------------|---|
| FURNACE (90% EFFICIENT OR GREATER)                             | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| FURNACE (80-89% EFFICIENT)                                     | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| SPACE HEATER (30,000 BTU AND UP)                               | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| CONVERSION OF EXISTING FURNACE                                 | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| FIREPLACE/GAS LOG SET  | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| WATER HEATER - (ENERGY FACTOR 0.82 OR GREATER)                 | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| WATER HEATER - (ENERGY FACTOR 0.67-0.81 "ENERGY STAR LABELED") | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| WATER HEATER - (ENERGY FACTOR 0.66 OR LESS)                    | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| SWIMMING POOL HEATER   | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| CLOTHES DRYER  | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| KITCHEN RANGE (COOK-TOP AND OVEN)                              | <input type="checkbox"/> NEW | <input type="checkbox"/> GAS FOR GAS | <input type="checkbox"/> CONVERTED FROM _____ |
| NATURAL GAS GENERATOR  | <input type="checkbox"/> NEW |                                      |   |

<b>CUSTOMER'S SIGNATURE</b> _____	<b>DATE</b> _____
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WE HEREBY APPROVE YOUR RESERVATION APPLICATION FOR AN INCENTIVE IN THE TOTAL AMOUNT OF \$\_\_\_\_\_. THIS AMOUNT HAS BEEN RESERVED FOR THE ABOVE PURPOSE. **YOU HAVE 60 DAYS FROM THE DATE BELOW TO COMPLETE THE INSTALLATION/CONVERSION. IF NOT COMPLETED, CONTACT US AND REQUEST AN EXTENSION OR THIS APPLICATION FOR INCENTIVE WILL BE VOIDED ON** \_\_\_\_\_ (DATE).

**DISTRICT MANAGER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I/WE HEREBY CERTIFY THAT THE ABOVE INDICATED INSTALLATION/CONVERSION HAS BEEN COMPLETED AND I/WE HAVE ATTACHED HERETO APPLICABLE RECEIPTS/DOCUMENTATION SHOWING MAKE/MODEL/SERIAL NUMBER OF THE APPLICABLE ITEM(S).

**CUSTOMER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### FOR OVG USE ONLY

<b>OVG VERIFICATION</b>	MAKE _____	MODEL _____	SERIAL NO. _____
	MAKE _____	MODEL _____	SERIAL NO. _____
	MAKE _____	MODEL _____	SERIAL NO. _____
VERIFIED BY OVG EMPLOYEE _____		DATE _____	
PAYMENT OF REBATE	\$ _____	BY MWF CHECK NO. _____	DATE _____