Oklahoma Natural Gas
Commercial Furnace

Rebate Application

An energy-efficient business can be a comfortable and productive one, too. Upgrade your facility with generous Oklahoma Natural Gas rebates on forced-air gas furnaces that use less than 225,000 BTUs per hour.

To verify the efficiency of your natural gas furnace, visit **ahridirectory.org**.

REBATE	AFUE RATING
$250	90-91.9%
$350	92-94.9%
$450	95-97.9%
$550	98%+

How to get your rebate

1. Install the qualifying equipment in compliance with manufacturer's instructions and all applicable safety and code requirements.

2. Complete the application on the back and submit it with the dated furnace invoice and all required signatures within 180 days of installation to:

Mail: CLEAResult
210 Park Ave., Suite 1000
Oklahoma City, OK 73102"

Email: okongrebates@clearesult.com

Application requirements

- Application must be completely filled out with ONG customer, equipmentand dealer/installer information.
- A copy of your dated invoice or sales receipt must accompany your application. It is the responsibilityof the ONG contractor and customer to ensure that the installed equipment qualifies for a rebate.If it does not qualify, no rebate will be paid.
- Application must be submitted within 180 days of installation. To avoid delays, please submit your paperwork as soon as the installation is complete.

Information

oklahomanaturalgas.com
or contact us at **405-437-4304**

Oklahoma Natural Gas issues cash rebates in the form of checks, not utility bill credits. Oklahoma Natural Gas is not responsible if the dealer does not provide accurate information about the amount of rebate or equipment eligibility. Rebate checks will be mailed within 4 – 8 weeks. Program funds are limited and are paid on a first-come, first-served basis while funds are available. Oklahoma Natural Gas reserves the right to inspect the installed equipment. Rebate qualifications and amounts are subject to change.

Oklahoma Natural Gas®
A Division of ONE Gas
Energy Efficiency Rebate Program

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1. Customer Information (Please print)

Name:_____ Phone:_____

Mailing address:_____ City/State:/ZIP:_____

Business primary contact:_____Contact phone:_____Email: _____

ONG account # where equipment is being installed:_____ REQUIRED _____ - _____

Installation address (if different than mailing address) :_____ REQUIRED _____

2. Type of building

◯ College/University ◯ Fast food restaurant ◯ Full menu restaurant ◯ Grocery store ◯ Health clinic

◯ Lodging ◯ Large office (>30,000 sq. ft.) ◯ Retail ◯ School ◯ Generic 24/7 ◯ Other_____

3. Type of installation

◯ New construction ◯ Replacement of failed equipment

◯ Upgrade of functioning equipment

Send rebate check to:

◯ Customer ◯ Contractor

CUSTOMER SIGNATURE: _____ DATE: _____

4. Equipment Information (To be completed by contractor)

Brand:_____Complete model #_____BTU/hr. input:_____

AFUE_____Date of installation:_____ Serial #:_____

If multiple units with the same information as above are installed:

# of units_____Rebate amt./unit: $_____Total rebate: $_____

Age of replaced equipment:_____Efficiency rating of replaced equipment:_____

5. Contractor Information (To be completed by contractor)

Name:_____Phone:_____Fax:_____

Mailing address:_____City/State/ZIP:_____

Contact name:_____Contact phone:_____Email:_____

CONTRACTOR SIGNATURE: _____ DATE: _____