2023 NEW HAMPSHIRE RESIDENTIAL REBATE FORM

# NATURAL GAS REBATES

Up to \$85

## PROGRAMMABLE & WIRELESS-ENABLED THERMOSTATS



Learn more at NHSaves.com





### Up to \$25 PROGRAMMABLE THERMOSTAT REBATE

### Up to \$85 WIRELESS-ENABLED THERMOSTAT REBATE

#### TO BE ELIGIBLE FOR THE OFFER:

- 1. Purchase qualifying new Programmable or Wireless-Enabled Thermostat.
- Apply online at www.nhsaves.com/gasrebate or complete this application (sign and date). If you have questions, call 888-855-0285.





Tenant

- 3. Valid purchases must be made between January 1, 2023 and December 31, 2023.
- 4. Must be a residential natural gas heating customer of Unitil.
- 5. Enclose a copy of your dated receipt showing qualifying model, purchase price and paid in full.
- 6. Maximum rebate amount cannot exceed purchase price.
  - Limit two (2) rebates per account per calendar year. Additional rebates require pre-approval. Pre-approval can be requested by contacting NHRebates@resource-innovations.com.
  - Rebate form must be received by NHSaves within 60 days of the purchase date.
  - Please allow 6-8 weeks from receipt of submission for your rebate to be mailed.
  - Some restrictions may apply. Rebates are available on a first-come, first-served basis and are subject to change at any time without notice.

Older thermostats may contain mercury and should be disposed of properly. For more information on mercury and proper disposal, visit www.epa.gov/mercury.

#### To submit your rebate in hard copy, mail the completed rebate form with all required documents to:

equipment has been installed in accordance with Program Guidelines and Terms and Conditions as described on this form.

PRINT NAME

Resource Innovations 1337 Massachusetts Ave, PO Box 228 Arlington, MA 02476

ACCOUNT HOLDER INFORMATION

ACCEPTANCE OF TERMS



Choose One: ■ Owner

All fields on this page are required to complete your application. Missing information will delay your rebate.

Heating Fuel Type: ■ Natural Gas

| If payee information is different from account holder information and the gas utility provider is Unitil, additional processing time will be needed for payee verification. |                   |              |                 |  |                       |                   |      |                      |                 |  |
|---|-------------------|--------------|-----------------|--|-----------------------|-------------------|------|----------------------|-----------------|--|
| <b>Unitil Gas</b> (NH Only) #   |                   |              |                 |  |                       |                   |      |                      |                 |  |
| Customer First Name:  |                   |              |                 | Customer L   | _ Customer Last Name: |                   |      |                      |                 |  |
| Installed Street Address:   |                   |              |                 |  |                       |                   |      |                      |                 |  |
| City:   |                   |              |                 |  |                       | te: NH            | Zip: |                      |                 |  |
| Mailing Address (If different than Installed Street Address):   |                   |              |                 |  |                       |                   |      |                      |                 |  |
| City: State: NH Zip:  |                   |              |                 |  |                       |                   |      |                      |                 |  |
| Email:  |                   |              |                 |  | Phone:                |                   |      |                      |                 |  |
| Complete all the fields for the measure(s) you are installing. Include the same information from your invoice.  |                   |              |                 |  |                       |                   |      |                      |                 |  |
| <b>EQUIPMENT INFORMATION</b> Limit Two (2) Rebates per Account ■ Online Purchase  |                   |              |                 |  |                       |                   |      |                      | lline Purchase  |  |
| MEASURE<br>DESCRIPTION  | DATE<br>INSTALLED | MANUFACTURER | MODEL<br>NUMBER | DOES YOUR HOME<br>HAVE A CENTRAL AIR<br>COOLING SYSTEM | INSTALLED<br>BY       | PURCHASE<br>PRICE | QTY  | REBATE<br>AMOUNT     | TOTAL<br>REBATE |  |
| Programmable<br>Thermostat  |                   |              |                 | ☐ Yes ☐ No   | Self Contractor       |                   |      | up to<br><b>\$25</b> |                 |  |
| Wireless-Enabled<br>Thermostat  |                   |              |                 | ☐ Yes ☐ No   | Self Contractor       |                   |      | up to<br><b>\$85</b> |                 |  |
|   |                   |              |                 |  |                       |                   |      |                      |                 |  |

I hereby request a Rebate for the listed thermostat(s). Attached are copies of all receipts or invoices. I have read and agree to the Terms and Conditions on the reverse side of this form. I certify that the listed

By your signature above and acceptance of an energy efficiency Rebate(s), you acknowledge that the data collected through the use of the wireless-enabled thermostat may be shared with your electric and/or gas distribution company.

**AUTHORIZED SIGNATURE**