2025 NEW HAMPSHIRE RESIDENTIAL REBATE FORM

Up to

PROGRAMMABLE & WIRELESS-ENABLED THERMOSTATS



Learn more at NHSaves.com







ROGRAMMABLE HERMOSTAT REBATE

TO BE ELIGIBLE FOR THE OFFER:







Purchase qualifying new Programmable or Wireless-Enabled Thermostat.

Apply online at nhsaves.com/natural-gas-thermostat or complete this application (sign and date). If you have questions, call:

> For Liberty Gas Customers: 603-518-6634 For Unitil Gas Customers: 888-855-0285

- 3. Valid purchases must be made between January 1, 2025 and December 31, 2025.
- Must be a residential natural gas heating customer of Liberty of Unitil. 4.
- 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. For pre-approval requests, contact:

For Liberty Gas Customers: NHSaves@rbgnh.com

For Unitil Gas Customers: NHSaves@resource-innovations.com

- Rebate form must be received by NHSaves by January 31, 2026.
- 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:

For Liberty Gas Customers: **Resilient Buildings Group**

46 S Main St, Suite #7 Concord, NH 03301

For Unitil Gas Customers:

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



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

ACCOUNT HOLDE	R INFORM	MATION Hea	ating Fuel Type:				Choose C	<i>ne:</i> 🔲 Own	er 🔲 Tenant
If payee information is different			,	•	itional processing	time will be need	ded for payee v	verification.	
Liberty (NH Only) # _									
Unitil (NH Only) #									
Customer First Name:				Custome	er Last Name:				
Installed Street Addres	ss:								
					State:	Zip:			
Mailing Address (If diff									
City: State: Zip:									
Email:									
Complete all the fields fo	r the measure	e(s) you are insta	lling. Include the	same information fro	m your invoice.				
EQUIPMENT INFO	RMATION	Limit Two (2)	Rebates per Ac	count				On	line Purchase
MEASURE DESCRIPTION	DATE INSTALLED	MANUFACTURER	MODEL NUMBER	DOES YOUR HOME HAVE A CENTRAL AIR COOLING SYSTEM	INSTALLED BY	PURCHASE PRICE	QTY	REBATE AMOUNT	TOTAL REBATE
Programmable Thermostat	/ /			☐ Yes ☐ No	Self Contractor			up to \$25	
Wireless-Enabled Thermostat	/ /			☐ Yes ☐ No	Self Contractor			up to \$85	

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hereby request a Rebate for the listed thermostat(s).	Attached are copies of all receipts or invoi	ces. I have read and agree to the 1	Terms and Conditions on the reve	erse side of this form. I d	certify that the listed
equipment has been installed in accordance with Prog	gram Guidelines and Terms and Conditions	as described on this form.			

ATE	PRINT NAME	AUTHORIZED SIGNATURE