



NATURAL GAS ADVANTAGE HOME REBATE

DATE: _____

PO # _____

Vendor # _____

INV. NO. _____

INDICATE WHICH GAS APPLIANCES ARE INSTALLED

REBATE	APPLIANCE(S)	_____	\$ _____
\$300	WATER HEATER	_____	Rebate Amount
\$200	FURNACE	_____	
\$ 75	FIREPLACE	_____	
\$ 75	POOL HEATER	_____	
\$ 50	STOVE/RANGE	_____	
\$ 50	CLOTHES DRYER	_____	
\$ 50	OUTDOOR GAS GRILL	_____	

Site Address _____ City _____ State TX Zip Code _____

Owner (Please Print) _____ Phone _____

Rebate Mailing Address _____ City _____ State TX Zip Code _____

- *To qualify, appliances must be converted from Electric to Natural Gas. (Ex. Electric Stove to Gas Stove)
- *Applicant must have a City of Corpus Christi Gas Utility Account with a residential meter.
- *Inspection of premises by the City of Corpus Christi Gas Department Personnel is required.
- *New gas line installation must have filed a plumbing permit with Corpus Christi Development Services.
- *Rebate request must be submitted within 12 months of the date of the appliance installation.
- *Receipts for the gas line installation and purchase of the appliance(s) must be provided.
- *A W-9 Form must be provided.
- *This program cannot be used in conjunction with any other program.

I certify that the information provided is true and correct to the best of my knowledge.

Applicant's Signature _____ Print Name _____

FOR OFFICE USE ONLY

Application: Approved _____ Disapproved _____ Inspection Date _____

Comments: _____

_____ Safety Information Delivered
Gas Department Personnel

Finance & Resource Management Superintendent

FUND 4130
ORG 34160
CATEGORY 023
ACCT 530206

Permit No. _____

Marketing Rep. _____

City of Corpus Christi Gas Department
4225 S. Port Ave.
Corpus Christi, TX 78415
Office: 361-885-6922

Revised: 12/3/2024