



Mail rebate form to:

Energy Federation Inc.
Atmos Energy Missouri Rebate Offer
40 Washington St, Suite 2000
Westborough, MA 01581-1088
Phone: 1-877-333-9965

**ATMOS ENERGY
MISSOURI HIGH-EFFICIENCY REBATE PROGRAM
INSTALLATION VERIFICATION FORM**
(all information is required)

Atmos Energy Customer Name: _____

Customer Address (Where equipment was installed. Must match address on attached Atmos Energy bill):

County of Customer Address: _____

Daytime Phone: _____ Evening Phone: _____

Contact Name (if different than Customer Name): _____

Rebate check will be mailed to the Customer Address unless a different Mailing Address is provided below.

Mailing Address: _____

I am an Atmos Energy natural gas customer in Missouri served under the Residential Firm Service Rate.

I am an Atmos Energy natural gas customer in Missouri served under the Small Firm General Service Rate.

Atmos Energy account number: _____

Approximate age of home or building where equipment is installed (new construction is not eligible): _____

Check box at left for Equipment Type installed and Rebate Amount requested. Only 1 rebate request per application.

Check Box	Equipment Type	Minimum Efficiency Level	Product Specifications	Rebate Amount
<input type="checkbox"/>	Natural Gas Forced Air Furnace	90% AFUE	30,000 BTU or higher	\$250.00
<input type="checkbox"/>	Natural Gas Boiler	85% AFUE	30,000 BTU or higher	\$250.00
<input type="checkbox"/>	Natural Gas Combination Water Heater and Space Heating	.62 EF	40 gallon or higher	\$450.00
<input type="checkbox"/>	Natural Gas Tank Water Heater	62% EF	40 gallon or higher	\$50.00
<input type="checkbox"/>	Natural Gas Tankless Water heater	82% EF	n/a	\$200.00
<input type="checkbox"/>	Programmable Thermostat	n/a	n/a	\$25.00

- Include a copy of an Atmos Energy bill under the customer's name and address listed on this rebate form.
- Submit a separate form for each rebate requested (for example, if you purchased a qualifying water heater and furnace, fill out and submit a separate form for each.)

Installer Name: _____

Installer Address: _____

New Equipment Information:

Manufacturer: _____

Serial Number: _____

Model Number: _____ AFUE or EF Rating: _____

Old Equipment Information:

Estimated Installation of Old Equipment: (mo/day/year) _____

Manufacturer: _____

Serial Number: _____

Model Number: _____ AFUE or EF Rating: _____

(continued on next page)

Proof of New Equipment Installation:

Installer's Signature: _____ Date Installed: _____

By signing, the installer attests this information accurately reflects the specifications of the new equipment and date of installation.

Customer's Signature: _____ Date: _____

By signing, the customer acknowledges having read and understood the terms and conditions of Atmos Energy's High-Efficiency Rebate Program. The customer certifies that all the information provided is true and correct and that the products for which the customer is requesting a rebate meet the requirements of the program.

TERMS AND CONDITIONS

Program provided by Atmos Energy Corporation and administered by Energy Federation Incorporated (EFI) for Atmos Energy. Rebate payments will be issued by EFI after all appropriate documentation has been received. Valid for eligible equipment purchased and installed between 9/1/09 and 8/31/10 or while funds last. This rebate is offered to Atmos Energy's Missouri customers who are served under either Atmos Energy's Residential Firm Service Rate or Atmos Energy's Small General Service Rate. Funding for this program is limited; eligible rebate applications will be processed as long as funds are available. Atmos Energy offers this program in cooperation with the Missouri Public Service Commission. Atmos Energy reserves the right to conduct field inspections to verify equipment installations. Atmos Energy does not guarantee the performance of the installed equipment either expressly or implicitly.

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