

Cash rebates are available for the installation of qualified energy-efficiency products in apartment dwelling units and in the common areas of apartment complexes, condominium complexes and mobile home parks. Residential multifamily complexes with two or more dwelling units may qualify.

How To Apply

- 1 Read the Terms and Conditions section for program details.**
 - 2** Visit our website at **socalgas.com** (search "MULTIFAMILY") to make sure funding is available and both reservations and applications are being accepted. Program may be subject to change or termination without prior notice at any time.
 - 3** Before purchasing your energy-efficient product, be sure that the product meets the rebate requirements as listed in the product specification sheets.
Additionally, controllers for natural gas water heaters and boilers must be installed by an eligible Contractors State Licensing Board-(CSLB) licensed installer who has attended a Southern California Gas Company (SoCalGas®) Boiler Controller Seminar.
 - 4** Eligible controllers for natural gas water heaters and boilers pre-installation requirements include:
 - A separate Multifamily Energy-Efficiency Rebate Reservation Form for each site address with account number;
 - A completed controller pre-installation form completed by an eligible installer; and
 - A SoCalGas pre-installation inspection on all controller products to verify status and eligibility.
 - 5 Qualified products must be new, and purchased and installed between January 1, 2015 and December 31, 2015. Please be aware these purchase-and-install periods will end earlier if funds are no longer available.**
 - 6** Once the product(s) are installed and pass any required inspection, complete this application package and include the following items:
 - A completed and signed Rebate Application Form (original signature required).
 - Installer's completed Controller Post-Installation Forms (controllers for natural gas water heaters and boilers only).
 - A copy of a recent SoCalGas bill for the gas account serving the energy-efficient product.
 - A copy of paid itemized sales receipt(s), contractor invoice(s) or paid home improvement contract(s)
 - COD and estimates are not acceptable proof of payment.
 - Receipts must indicate Model Number, Apt. or location where the appliance was installed and must match the appliance Product Location Form. RECEIPT MUST INDICATE "**PAID IN FULL.**"
- Mail the completed application packet to:**
- SoCalGas Multifamily Rebate Program**
M.L. GT 20B3
P.O. Box 513249
Los Angeles, CA 90099-4722
- 7 Program will end on December 31, 2015, or earlier, if all funds are no longer available. All applications must be postmarked within 45 calendar days of the 2015 program termination date to be considered for a rebate. The date a product is removed or suspended from the 2015 program will represent the termination date for which postmark eligibility will be based. Call 1-800-508-2348 to check availability of funds.**
 - 8** SoCalGas may conduct an inspection to verify the energy-efficiency product(s) eligibility and installation prior to rebate payment. Note: All central domestic water heater (CDWH) controllers are inspected before and after installation.
 - 9** A rebate check for qualified product(s) is generally mailed 90 days after SoCalGas approves a correct and completed application including all required documentation unless application is selected for inspection, which may add additional time. **Questions? Email multifamilyrebates@socalgas.com, or call 1-800-508-2348.**
 - 10** You may not receive energy-efficiency rebates for the same product or for the replacement of a product from more than one California Investor-Owned Utility (IOU) participating in this program or other third-party programs offering rebates, financing and other incentives, funded by the California Public Utilities Commission (CPUC).

Steps to Reserve Rebate Funds for CDWH Controllers

- 1 You may request an application or checklist:
 - Online at socialgas.com (search "MULTIFAMILY")
 - Or call **1-800-508-2348**
- 2 Fax the following documents to SoCalGas "Attention SoCalGas Multifamily Rebate Program" at **1-800-506-9073**
 - Rebate Reservation Form (one reservation per account)
 - Apartment and Common Area Products Form
 - Copy of the SoCalGas bill where the controller products will be installed
 - Installer's completed Pre-installation Checklist
 - Customer name on the reservation and application forms must match the name on the SoCalGas bill submitted
- 3 Your reservation/rebate number will be faxed to you after the completion of a pre-inspection by SoCalGas. A reservation is valid 45 calendar days beginning on the date the reservation/rebate number is faxed to you by SoCalGas. Failure to submit a completed application package by the 45th calendar day will result in forfeiture of the reservation. A new reservation will be required.
- 4 SoCalGas reserves the right to modify or reject any reservation request that, in the sole judgment of SoCalGas, contravenes the policies or purposes of the Multifamily Rebate Program.

Resources and Information

ENERGY STAR®

- Find products that carry the ENERGY STAR label
- Find places that carry ENERGY STAR products
- How to improve the energy efficiency of your home
- Cut your energy costs

energystar.gov

ENERGY STAR Hotline: 1-888-STAR-YES (782-7937)

CALIFORNIA ENERGY COMMISSION

- Get appliance information
- Find out about other energy-efficiency programs

energy.ca.gov/efficiency/appliances

or call 1-800-772-3300

BETTER BUSINESS BUREAU (BBB)

Please consult your phone directory for the phone number and location of your local BBB: bbb.org

CONTRACTORS STATE LICENSE BOARD

State law requires that a licensed contractor providing home improvement services greater than \$500 per job provide customer with a Home Improvement Contract (HIC). You may wish to confirm your contractor's license status at the CSLB by calling the CSLB at 1-800-321-CSLB (2752), or:

- 1) Go to cslb.ca.gov
- 2) Click on license status check icon
- 3) Type in six-digit license number for verification
- 4) Confirm active status of license under license status

Confirm contractor holds the appropriate license under applicable classification heading.

Controller Rebate Reservation Form

Customer Information: Please refer to "Steps to Reserve Rebate Funds" section of application

CUSTOMER NAME (as it appears on SoCalGas bill)

SOCALGAS GAS ACCOUNT NUMBER (account serving appliance)

Property Information:

SITE ADDRESS/PRODUCT LOCATION ADDRESS (One form per site with account number)

SERVICE ADDRESS (address on SoCalGas bill if different from site address)

SITE OR COMPLEX NAME

NUMBER OF APARTMENTS (UNITS) IN COMPLEX

NUMBER OF UNITS SERVED BY WATER HEATER OR BOILER

YEAR PROPERTY BUILT

RATE SCHEDULE (GR, GM)

REBATE PRODUCT

PRODUCT QUANTITY

SITE CONTACT FULL NAME AND TITLE (Property Owner, Manager, On-Site Manager)

CONTACT DAYTIME PHONE NUMBER

ALTERNATIVE PHONE NUMBER OR EMAIL ADDRESS

Contractor Information:

CONTRACTOR NAME

INSTALLER NAME (must have attended IOU Boiler Controller Seminar)

CONTRACTOR DAYTIME PHONE NUMBER

CONTRACTOR EMAIL ADDRESS

CONTRACTOR'S CSLB NUMBER

NAME OF PERSON REQUESTING RESERVATION

REQUESTOR DAYTIME PHONE NUMBER

REQUESTOR FAX NUMBER

REQUESTOR EMAIL ADDRESS

HOW DID YOU HEAR ABOUT THE MULTIFAMILY REBATE PROGRAM?

MAILER

BILL INSERT

FAMILY/FRIEND

CONTRACTOR NAME _____

EVENT NAME _____

OTHER _____

I understand and acknowledge that I am hereby requesting a rebate reservation from SoCalGas for the products listed above, which are to be installed at the site address. This reservation will be in effect for 45 days commencing from the date I received written notice from SoCalGas confirming the reservation quantities, which may be different than the quantity I requested above. Rebate reservations are subject to program terms and conditions, set forth in the Multifamily Energy-Efficiency Rebate Application Package, and do not guarantee future payment under the program. SoCalGas reserves the right to modify or reject any reservation request that, in SoCalGas' sole judgment, contravenes the policies, procedures, or purposes of the Multifamily Energy-Efficiency Rebate Program.

Property Owner or Property Manager as Authorized Agent for Property Owner:

PRINT NAME

SIGNATURE

DATE (Month/Day/Year)

- Carefully review the Multifamily Energy-Efficiency Rebate Program application package for product and program participation eligibility requirements, including the terms and conditions.
- Complete this Rebate Reservation Form (attach a second sheet if necessary), including signature.
- Fill out rebate application.
- If multifamily project has multiple addresses, please provide addresses on a separate sheet along with your faxed reservation form.
- Email the Rebate Reservation, Products Rebate Forms and required checklists to **MultiFamProgram@semprautilities.com**.
- This Rebate Reservation Form, with confirmation information completed below, will be faxed to the fax number you provided above as your reservation confirmation.
- Reservation is not valid until SoCalGas confirms the reservation and faxes the confirmation back to you and is only in effect for 45 calendar days. Failure to submit a complete application package by the 45th calendar day will result in forfeiture of the reservation and a new reservation will be required.

UTILITY USE ONLY

RESERVATION NUMBER

DATE OF REQUEST (MM/DD/YY)

RESERVATION: APPROVED REJECTED

RESERVATION CONFIRMED (MM/DD/YY)

APPROVED RESERVATION WILL EXPIRE ON (MM/DD/YY)

SITE CONTACT NAME

SITE CONTACT PHONE NUMBER

QUANTITY APPLIED FOR

TOTAL REBATE AMOUNT

REP

Pre-Installation Check List Page

Customer Information:

CUSTOMER NAME (as it appears on SoCalGas bill)

SOCALGAS GAS ACCOUNT NUMBER (account serving appliance)

Contractor Information:

CONTRACTOR NAME

INSTALLER NAME (must have attended IOU Boiler Controller Seminar)

CONTRACTOR DAYTIME PHONE NUMBER

ALTERNATIVE PHONE NUMBER OR EMAIL ADDRESS

CONTRACTOR'S CSLB NUMBER

Property Information: Provide map of property indicating the location of the boiler(s), hot water heater(s) and storage tank(s).

SITE ADDRESS/PRODUCT LOCATION ADDRESS (one form per site with account number)

SERVICE ADDRESS (from SoCalGas bill if different from site address)

SITE OR COMPLEX NAME

METER NUMBER

NUMBER OF APARTMENTS IN COMPLEX

NUMBER OF UNITS SERVED BY WATER HEATER OR BOILER

YEAR PROPERTY BUILT

CONTROLLER NAME

SITE CONTACT FULL NAME & TITLE (Property Owner, Manager, On-Site Manager)

CONTACT DAYTIME PHONE NUMBER

ALTERNATIVE PHONE NUMBER

CDWH OR GAS END USE INFORMATION:

CDWH: check yes/no if appliance or item is on the system on which the control will be installed.

Hot Water Use	CDWH	Hot Water Use	CDWH
Washers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydronic Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Isolation valves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing control	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bleeder valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition (e.g., leaks, overly hot, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow valve at CWS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spa(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-scald mixing valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return (HWR) Pipe Size		Supply (HWS) Pipe Size	
Pump Size		Gas Meter Configuration	
Pump Manufacturer		Gas Meter Location	

BOILER/WATER HEATER INFORMATION

General Description of CDWH System				
CDWH Location				
Boiler Manufacturer	Boiler Model Number	Boiler Serial Number	Pressure Regulator	Number of Living Units Served
Btu In	Btu Out	Boiler HP	Number of Burners	Age of Burner
Storage (Gals)	Water Storage <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other			
Water Information	Temp of H2O Out	Setting or Reading	Temp of H2O In	Setting or Reading
	Primary Loop	Location and Operation of Primary Loop		

Apartment and Common Area Products Form

SITE INFORMATION

Site Address/Product Location Address				
Read the product specifications below before purchasing:				
PRODUCT	Quantity Purchased		Rebate Information	
	For Apartment A	For Common Area B	REBATE Per Unit C	REBATE Total Amount (A+B) x C
G CONTROLLERS FOR NATURAL GAS WATER HEATERS AND/OR BOILERS <i>Reservations required</i>				
G1 - Serving \leq 34 Units			\$700	
G2 - Serving \geq 35 Units			\$1,400	
TOTAL REBATE			\$	

PRODUCT SPECIFICATIONS

G. CONTROLLERS FOR NATURAL GAS WATER HEATERS AND/OR BOILERS	\$700 - \$1,400
<p>G1. Rebate applies to new installations on existing natural gas-fired domestic hot water common systems serving multifamily dwelling units. Controllers must serve a multifamily building up to 34 units, provide the ability to lower temperatures during low-use periods, and have a by-pass switch for allowing service to boiler. Must have natural gas distributed to the installation address by SoCalGas. CDWH system must be in proper working condition to qualify. (Reservation, pre- and post-inspection required.)</p> <p>Manufacturer name, make, and model number must be included with a copy of your receipt.</p>	
<p>G2. Rebate applies to new installations on existing natural gas-fired domestic hot water common systems serving multifamily dwelling units. Controllers must serve a multifamily building of 35 units or greater, provide the ability to lower temperatures during low-use periods, and have a by-pass capability to allow service to boiler. Must have natural gas distributed to the installation address by SoCalGas. CDWH system must be in proper working condition to qualify. (Reservation, pre- and post-inspection required.)</p> <p>Manufacturer name, make, and model number must be included with a copy of your receipt.</p>	

Rebate Application

Customer Information:

GAS ACCOUNT NUMBER	RATE SCHEDULE (GR, GM)
RESERVATION NUMBER	TOTAL REBATE REQUESTED (Total from product form) \$
NAME AS IT APPEARS ON THE BILL	

Property Owner/Manager Information:

CHECK ONE <input type="checkbox"/> PROPERTY OWNER OR <input type="checkbox"/> PROPERTY MANAGER (as Authorized Agent for Property Owner)	
PROPERTY OWNER NAME	
DAYTIME PHONE NUMBER	ALTERNATIVE PHONE NUMBER OR EMAIL ADDRESS

Site Address: (must match address on reservation)

SITE ADDRESS /PRODUCT LOCATION ADDRESS		
SITE CONTACT PERSON AND TITLE	SITE CONTACT DAYTIME PHONE NUMBER	ALTERNATIVE NUMBER

Contractor Information:

COMPANY NAME		COMPANY REPRESENTATIVE NAME	
DAYTIME PHONE NUMBER	FAX NUMBER	<input type="checkbox"/> NON-CORPORATION	<input type="checkbox"/> (i.e., Tax Exempt, Non-Profit)
EMAIL ADDRESS		CSLB NUMBER	
INSTALLER NAME (Must have attended IOU Controller Seminar)			

Product Information: (Controllers for natural gas water heaters and/or boilers must be installed by eligible installer).

PRODUCT(S) WERE INSTALLED BY (Check one) <input type="checkbox"/> SELF <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> PROPERTY MANAGER, AS AUTHORIZED AGENT FOR PROPERTY OWNER			
MODEL	MANUFACTURER'S NAME	PURCHASE DATE (MM/DD/YY)	INSTALL DATE (MM/DD/YY)

Payee Information:

MAKE REBATE CHECK PAYABLE TO (Payee Name)	
<input type="checkbox"/> FEDERAL TAX ID NUMBER OR <input type="checkbox"/> SOCIAL SECURITY NUMBER	
TAX STATUS (Check one) <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-CORPORATION <input type="checkbox"/> EXEMPT (i.e., Tax Exempt, Non-Profit)	
MAILING ADDRESS	

Payment Release Authorization

PROPERTY OWNER OR PROPERTY MANAGER, AS AUTHORIZED AGENT FOR PROPERTY OWNER:

YOUR AUTHORIZATION IS REQUIRED IF THE REBATE CHECK IS TO BE MADE PAYABLE TO ANOTHER INDIVIDUAL OR ENTITY.

PLEASE SIGN BELOW.

SoCalGas will report this payment made to the third party on IRS Form 1099 as "Other Income" to you (the customer receiving the benefit of the rebate payment) unless the payment is less than \$600, or you have identified yourself as a corporation or exempt. You are urged to consult your tax advisor concerning the taxability of rebates. SoCalGas is not responsible for any taxes that may be imposed on you as a result of this rebate.

PRINT NAME:	
SIGNATURE:	DATE (MM/DD/YY):

Energy Savings Assistance Program and California Alternate Rates for Energy (CARE) Program information:

Before starting your energy-efficiency project, did you know?

Your tenants may qualify for no-cost home improvements through the Energy Savings Assistance Program and/or a 20 percent discount on monthly energy bills through the CARE program. For more information, visit socialgas.com (search "ASSISTANCE") or call 1-800-331-7593 to learn about Energy Savings Assistance Program services and 1-800-427-2200 for CARE program details. By signing this application, you acknowledge that you have read and understand the availability of these services and programs offered by SoCalGas.

Energy Savings

Assistance Program

Terms and Conditions (Original signature required)CHECK ONE: I AM THE PROPERTY OWNER I AM THE PROPERTY MANAGER, AN AUTHORIZED AGENT FOR THE PROPERTY OWNER

1. I understand that a) Applications are accepted on a first-come, first-served basis while funding is available, or until discontinued by the California Public Utilities Commission (CPUC), and must be postmarked within 45 days of the 2015 program termination date to be considered eligible for a rebate, and b) qualified products must be purchased and installed between January 1, 2015 and December 31, 2015. I understand that these purchase and install periods will end earlier if program funds are no longer available, and this program shall at all times be subject to change or termination without prior notice. ALL applications are processed on a first-come, first-served basis, upon receipt, until funds are no longer available. INCOMPLETE and INCORRECT APPLICATIONS CANNOT BE PROCESSED. Resubmitted applications are processed on a first-come, first-served basis, upon the new receipt date.
2. I am a Property Owner or Property Manager, as authorized agent for Property Owner, of a residential multifamily dwelling occupied by customers with a valid meter(s) served by SoCalGas. I understand that I am only eligible to receive rebates for products that correspond directly to the type service (i.e., natural gas distribution) for which my residential Multifamily dwelling currently receives service from SoCalGas. Multifamily dwellings are defined as residential apartments, homeowners associations and/or mobile home parks with two or more units. The dwelling units must be fully constructed and occupied. New construction does not qualify.
3. I certify that the qualified energy-efficiency products were purchased and installed between January 1, 2015 and December 31, 2015. These products are for use in my residential multifamily dwelling or common area.
4. I have submitted the required documents establishing proof-of-purchase for the products applied for in this Application which are paid itemized sales receipt(s), paid contractor invoice, or paid Home Improvement Contract (HIC), with manufacturer name(s), model number(s), square footage and any other required documentation.
5. I certify that all energy-efficiency products were purchased new, and I understand that resale products, products leased, rebuilt, rented, received from insurance claims, won as a prize, or new parts installed in existing products do not qualify.
6. I understand rebates will only be paid for products that meet the program specifications described on the Rebate Products Forms and related Specifications sheets.
7. Rebates are generally considered subsidies for tax purposes and could be taxable. You are urged to consult your tax advisor concerning the taxability of these rebates. Rebates greater than \$600 will be reported to the IRS on Form 1099 unless you have checked corporation or exempt tax status on page 3 of this application form. SoCalGas is not responsible for any taxes that may be imposed on your business as a result of your receipt of this rebate.
8. I understand that the rebate amount cannot exceed my purchase price of the energy-efficiency product, nor include tax or installation related costs, except for Product H, where the rebate amount cannot exceed the combination of purchase price and installation cost.
9. In the event that I choose to participate in the On-Bill Financing Program offered by SoCalGas to obtain financing for the products listed in this rebate form, I understand that the terms and conditions of participation in the On-Bill Financing Program will control (including, without limitation, the calculation of the rebate amount for the products listed in this rebate form) if there is any conflict between the terms and conditions applicable to participation in this program and the On-Bill Financing Program.
10. I understand the qualified products must be installed by a licensed contractor, manufacturer, or an appliance dealer.
11. I understand and agree that the choice of the energy-efficiency products, selection of contractor, manufacturer, or dealer, purchase of materials, work performed, and the payment thereof are my sole responsibility. I understand that SoCalGas makes no representations regarding products, contractors, manufacturers, dealers, materials or workmanship. I also understand that SoCalGas makes no warranty, whether expressed or implied, including warranty of merchantability or fitness for any particular purpose, use or application of the products or measures. I waive any and all claims against SoCalGas, its parent companies, its directors, officers, employees and authorized agents, and will indemnify SoCalGas for any claims arising out of or relating to the installation and/or use of the energy-efficiency product(s) referred to in this Application. Without limiting the generality of the foregoing, none of such parties shall be liable hereunder for any type of damages, whether direct, indirect, incidental, consequential, exemplary reliance, punitive or special damages, including damages for loss of use, regardless of the form of action, whether in contract, indemnity, warranty, strict liability or tort, including negligence of any kind. I agree that SoCalGas has no liability whatsoever concerning the quality, safety or installation of the energy-efficiency products, including their fitness, workmanship, or any other matter.
12. I am responsible for meeting all program requirements and complying with my state/county/city governments, property owner and/or homeowners' association requirements (if any) in my area regarding local conditions, restrictions, codes, ordinances, rules, and regulations pertaining to all installations. I further understand that it is my sole responsibility to ensure all rebated products are installed as per all manufacturers' specifications.
13. I agree to allow SoCalGas' representative and/or California Public Utilities Commission (CPUC) representative reasonable access to verify the installed products. I agree to this inspection to be eligible to participate in the program and receive a rebate for the qualified product. I understand this inspection is for the purpose of determining that the installed products meet all program(s) requirements.
14. I understand SoCalGas is not responsible for items lost or destroyed in transit.
15. I understand that I cannot receive energy-efficiency rebates for the same product, or for the replacement of a product installed within the last 3 years, from more than one California Investor-Owned Utility (IOU) participating in this program or other third party programs offering rebates, financing and other incentives funded with CPUC Public Purpose Surcharge funds.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THE PRODUCTS FOR WHICH I AM REQUESTING A REBATE MEET THE REQUIREMENTS LISTED ON THE REBATE PRODUCTS FORM AND SPECIFICATION SHEETS.

Property Owner Or Property Manager, As Authorized Agent for Property Owner

As applicable: By checking this box, I confirm that I have used a licensed contractor, as appropriate, and followed applicable permitting requirements for this installation.

PRINT NAME:

SIGNATURE:

DATE (MM/DD/YY):

Funding is limited. Please call to make sure rebate applications are still being accepted. Applications are accepted on a first-come, first-served basis. Products must be purchased and installed between January 1, 2015 and December 31, 2015, however, please be aware these purchase and install periods will end earlier if funds are no longer available. This program shall at all times be subject to change or termination without prior notice. This program is funded by California utility customers and administered by Southern California Gas Company under the auspices of the California Public Utilities Commission.

Product Location Form: Apartment, common area, and mechanical product location form-Please provide all the information requested on this form. It is important for processing and inspection. A SoCalGas representative may conduct an on-site verification of the product(s) purchased and installed. Photocopies of this form are acceptable.

SITE ADDRESS/PRODUCT LOCATION ADDRESS:	
SITE CONTACT PERSON AND TITLE:	NAME OF APARTMENT COMPLEX:
TOTAL NUMBER OF APARTMENTS IN COMPLEX:	TOTAL NUMBER OF APARTMENTS RECEIVING PRODUCT:

APARTMENT ADDRESS (WHERE PRODUCT IS INSTALLED)	LOCATION OF PRODUCT INSTALLED	TYPE OF PRODUCT INSTALLED	PRODUCT MAKE	PRODUCT MODEL NUMBER	QUANTITY (UNITS)	INDIVIDUAL UNIT K	COMMON AREA L,B,O	OTHER	INSULATION (Sq.Ft.)	DATE PURCHASED	DATE INSTALLED	UTILITY INPUT ONLY
1234 Maple St	101	Controller			1	√	-	-	-	2/20/13	2/25/13	

K: Kitchen **L:** Laundry Room **B:** Boiler Room **O:** Other Describe here: (example, pool, spa, utility room, etc.)

Post Installation Checklist Page 1 of 2

Customer Information:

CUSTOMER NAME (as it appears on SoCalGas bill)

SOCALGAS GAS ACCOUNT NUMBER (Account serving appliance)

Property Information:

SITE ADDRESS/PRODUCT LOCATION ADDRESS (One form per site with account number)

SERVICE ADDRESS (address on gas bill)

SITE OR COMPLEX NAME

METER NUMBER (see gas bill)

METER LOCATION

CONTACT DAYTIME PHONE NUMBER

Contractor Information:

CONTRACTOR NAME

INSTALLER NAME (Must have attended IOU Boiler Controller Seminar)

CONTRACTOR DAYTIME PHONE NUMBER

ALTERNATIVE PHONE OR EMAIL ADDRESS

CONTRACTOR'S CSLB NUMBER

INSTALLER'S SIGNATURE

DATE

POST INSTALLATION REQUIREMENTS

	Installer Initial	Comments
Installed controls per manufacturer's specs		
Verified that controls are operating as specified		
Left no safety hazards		
Removed all installation debris		
Provided operator's manual for control to site personnel		
Provided maintenance/safety recommendations to site personnel		
Instructed site personnel on system fault conditions to watch for		
Left contact information on control box		
Other (describe)		
Other (describe)		

CDWH SYSTEM INFORMATION

Action Taken	Yes/No	Comments
Added supply (HWS) pipe insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added return (HWR) pipe insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pipe water leak repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump water leak repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pump manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wattage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added backflow prevention valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added isolation valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Added bleeder valve	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Post Installation Checklist Page 2 of 2

BOILER/WATER HEATER INFORMATION

General Description of CDWH System				
CDWH Location				
Boiler Manufacturer	Boiler Model Number	Boiler Serial Number	Pressure Regulator	Number of Living Units Served
Btu In	Btu Out	Boiler HP	Number of Burners	Age of Burner
Storage (Gals)	Water Storage <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other			
Water Information	Temp of H2O Out	Setting or Reading	Temp of H2O In	Setting or Reading
	Primary Loop	Location and Operation Primary Loop		

COMMENTS/NOTES

Application Checklist

Before mailing your completed application package, follow the checklist below to ensure proper handling of your rebate request:

- Application form – complete required information, sign, date and send original.
- Terms and conditions – review, sign, date and send original.
- Apartment and common area products form – complete pertinent information.
- Product location form – complete pertinent information.
- If installing a controller for natural gas water heater and/or boiler:
 - Include copy of reservation request
 - Include valid CSLB license number from contractor/installer
 - Post Installation Checklist completed by eligible installer
- Include a copy of a recent SoCalGas bill: Name (customer of record), address and account number shown on bill must match name, site address and account number listed on the application form.
- Include a receipt, invoice, or other proof of purchase document that lists purchase date(s), manufacturer, make and model number of product. **BE SURE VENDOR INDICATES “PAID IN FULL.”**

PLEASE REMEMBER

- Sign and date **Rebate Application** and **Terms and conditions** pages
(Mail original signatures only, no copies accepted).
- Make copies of all submitted documents for your records.
- Controller rebates require Post-Installation forms to be filled out by eligible installer.
- Allow 90 days for application to be processed.
- INCOMPLETE and INCORRECT APPLICATIONS CANNOT BE PROCESSED.** Resubmitted applications are processed on a first-come, first-serve basis, upon the new receipt date.
- Call **1-800-503-2348** or email **multifamilyrebates@socalgas.com** with any questions.

MAIL YOUR APPLICATION PACKAGE TO:

SoCalGas Multifamily Rebate Program
M.L. GT 20B3
P.O. Box 513249
Los Angeles, CA 90099-4722