FORM #203 (FTN) REVISED 02/24

FOUNTAINTOWN GAS an Ohio Valley Gas Company APPLICATION FOR ENTIAL (SMALL COMMERCIAL INCENTIVE

CUSTOMER NO.		
CUSTOMER'S NAME		
ADDRESS		
CITY	STATE	ZIP
Applicant must complete and submit this Reserve a HEATING OR WATER HEATING SYSTEM or other installation or conversion, which must occur within submit the approved Reservation Application for used for the installation or conversion.	her natural gas-fired equipment at the ab n <u>60 DAYS</u> after application for incentive	ove address. Upon completion of the e is approved, the applicant must re
I/We hereby apply for an incentive reser	ATION FOR INCENTI vation to cover our planned installation residential home located at the about the second residential home located at the about the second residential home located at the about the second residential home located at the second residential home located at the second residential home.	on/conversion of the following
FURNACE (90% EFFICIENT OR GREATER) FURNACE (80-89% EFFICIENT) SPACE HEATER (30,000 BTU AND UP) CONVERSION OF EXISTING FURNACE FIREPLACE/GAS LOG SET WATER HEATER - (ENERGY FACTOR 0.82 OR GREATER) WATER HEATER - (ENERGY FACTOR 0.64-0.81) WATER HEATER - (ENERGY FACTOR 0.63 OR LESS) SWIMMING POOL HEATER CLOTHES DRYER KITCHEN RANGE (COOK-TOP AND OVEN)	New Gas For Gas Converted From Gas For Gas Conve	Piping
CUSTOMER'S SIGNATURE		DATE
WE HEREBY APPROVE YOUR RESERVATION APPLICATION RESERVED FOR THE ABOVE PURPOSE. YOU HAVE 60 COMPLETED, CONTACT US AND REQUEST AN EXTENSION DISTRICT MANAGER'S SIGNATURE	DAYS FROM THE DATE BELOW TO COMPLETE N OR THIS APPLICATION FOR INCENTIVE WILL BE	THE INSTALLATION/CONVERSION. IF NOT
I/WE HEREBY CERTIFY THAT THE ABOVE INDICATED INSTA	ALLATION/CONVERSION HAS BEEN COMPLETED AN ING MAKE/MODEL/SERIAL NUMBER OF THE APPLIC	D 1/WE HAVE ATTACHED
	FOR FTN USE ONLY	
FTN VERIFICATION MAKE		SERIAL NO
MAKE	<u> </u>	SERIAL NO
MAKE	MODEL	SERIAL NO
VERIFIED BY OVG EMPLOYEE		DATE

BY MWF CHECK NO.

DATE _____

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PAYMENT OF REBATE