NATURAL GAS BOILER OR FURNACE REBATE APPLICATION

Duluth Public Works and Utilities
520 Garfield Ave
Duluth, MN 55802
conservation@duluthmn.gov
Phone 218-730-4050
www.comfortsystemsduluth.com

Customer Information

Name of Customer (As it appears on utility bill) _____

Mailing Address _____

Installation Address _____

E-mail address _____

Daytime phone number _____

This boiler or furnace will be used in a: Single Family Home, Duplex, Triplex, Apartment/Condo building (4 or more units), or Commercial Business. Please circle type of residence or business.

Contractor Information

Business Name _____ Phone # _____

E-mail _____

Rebate Requested by (Please Print) _____
Company Representative

Equipment Information

Date of Installation: _____

Unit being replaced: Make _____ Model _____ Condition Good / Fair / Poor

New Unit: Make _____ Model # _____ Serial # _____

AFUE or Thermal Eff _____% Input (Btu/h) _____ # Units

_____ Type: Boiler or Furnace (Circle) Action: Replace on fail, Replace Working, New Construction (Circle Action)

Does new furnace have an electronically commutated Motor (ECM) Yes or No (Circle)

Does new boiler have an electronically commutated Motor (ECM) circulator pump Yes or No (Circle)

Is Central AC Present (CAC) Yes or No (Circle)

Brand _____ Model # _____ Motor Wattage _____Serial Number_____

Motor application: Heating Water or Domestic Hot Water or Cooling Water (Circle)

Is CAC/ASHP being installed? If so, please fill out page 3 of this form.

Please check incentive amount (check all applicable rebates):

		Rebate		Choose one (optional):	Rebate
☐	High Efficiency Boiler – 83.5% and greater AFUE	$50	☐	with ECM Circulator	$200
☐	High Efficiency Boiler – 90% and greater AFUE	$200	☐	with ECM Motor	$200
☐	High Efficiency Furnace – 90% and greater AFUE	$200	☐	with CAC and ECM	$375
			☐	with ASHP and ECM	$600

Total Rebate (sum of columns): _____

Make rebate check payable to : Residential Customer or Landlord/Property Owner *Rebate may vary based on type of equipment

Customer Business/Landlord Information (Complete this section if rebate will be paid to a business or the Landlord/Property Owner.)

Payee Legal Name (as shown on income tax return) _____

Payee Federal Tax Classification: **Sole Proprietor/Individual** LLC **Corporation** Partnership **Other Tax exempt Org or gov't agency**

Payee legal address: _____

Make Check to: _____ at Payee Legal Address or Alternate Address (furnished below)

Alternate Pay Address _____

Payee Taxpayer Identification Number (TIN) _____ or TEIN# _____

Certification of the following certifications are required in order for this form to substitute for the IRS form W-9, Under penalties of perjury, I certify that: 1: The payee's TIN is correct, 2: The payee is not subject to backup withholding due to failure to report interest and dividend income, and 3: The Payee is a U.S. Citizen. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Customer Signature

To the best of my knowledge, the information in this application is accurate and complete. I have read and agree to the terms and conditions of the rebate program. Equipment will be purchased, installed, and operated at the facility or home listed above.

Customer Sign: _____ Date: _____

Customer Print name: _____

General Eligibility: This offer is valid for City of Duluth Public Works and Utilities/ComfortSystems natural gas utility customers only. In order for a customer to receive a rebate on heating equipment products must be on ComfortSystems' list of equipment qualifying for the rebate. See the list of equipment qualifying for a high efficiency boiler or furnace rebate at www.comfortsystemsduluth.com.
Verification: The City of Duluth Public Works and Utilities Department/ComfortSystems may verify installation of products before issuing rebates during code inspections. Installation must pass code inspections before rebate will be issued. Customer agrees to cooperate if ComfortSystems decides to verify installation with a separate inspection or with a sales receipt (s).
Program Modifications: Duluth Public Works and Utilities/ComfortSystems reserves the right to alter or discontinue this rebate offer at any time without notice.
Disclaimer: Duluth Public Works and Utilities/ComfortSystems reserves the right to deny or limit any rebate request. In addition, Duluth Public Works and Utilities/ComfortSystems offers no warranties on product or service installations provided nor does the program warranty, guarantee, or endorse the energy efficiency claims or services provided by any specific contractor participating in the program. Duluth Public Works and Utilities/ComfortSystems does not endorse or approve of the suitability of specific equipment installed for rebates in this program.
Eligibility Dates: A rebate is available for eligible furnaces and boilers installed between January 1, 2020 and December 31, 2020 based on approval of the Duluth Public Works and Utilities Director and available funding. All forms must be postmarked or e-mailed no later than 3 days after the unit is installed to be considered eligible for a rebate. Please allow 8-10 weeks to receive the rebate(s).
Dealer/Contractor Instructions: Verify natural gas is provided to customer by Duluth Public Works and Utilities/ComfortSystems by calling 730-4060 or 730-4050. Dealer or Contractor is responsible for submitting rebate forms and required paperwork to: conservation@duluthmn.gov. **Questions:** Call 730-4060

CENTRAL AC OR AIR SOURCE HEAT PUMP

Note: If a Cold Climate ASHP was installed as part of the package, please complete Minnesota Power's Heating and Cooling rebate form for that part of the project to get the customer the proper rebate for the heat pump.

Check one: ☐ Central AC ☐ Ducted ASHP ☐ Ducted Cold Climate ASHP			
SEER	EER	HSPF	Size (tons)
Indoor Brand Name	Indoor Model #	Indoor Serial #	
Outdoor Brand Name	Outdoor Model #	Outdoor Serial #	
If replacing an existing CAC or ASHP please check which one: ☐ CAC Please provide the SEER_____ EER_____ ☐ ASHP Please provide the SEER_____ EER_____ HSPF_____			Existing CAC or ASHP (please check one): ☐ Worked ☐ Unit Failed
Existing HVAC System: ☐ Furnace with Split System AC ☐ Furnace with ASHP ☐ Furnace ☐ Boiler ☐ Electric Heat with Split System ☐ Room Air Conditioner ☐ Other:	Furnace BTUs (if applicable)	Furnace AFUE (if applicable)	

Certified Technician Signature

(Certified Technician must have passed HVAC certification by NATE, HVACReduction.net or similar certification)

The **Certified Technician** has checked the following:

☐ Technician has inspected the installation and verified that the installation meets proper refrigerant charging and indoor airflow specifications.

☐ Size appropriately according to manual J Calculations.

☐ Ducts have been sealed to the extent practical.

☐ Verify that the indoor and outdoor units are part of a matched system according to the AHRI Certification Directory (www.ahridirectory.org) or other recognized source.

Certified Technician Sign: _____ Date: _____

Certified Technician Print Name: _____