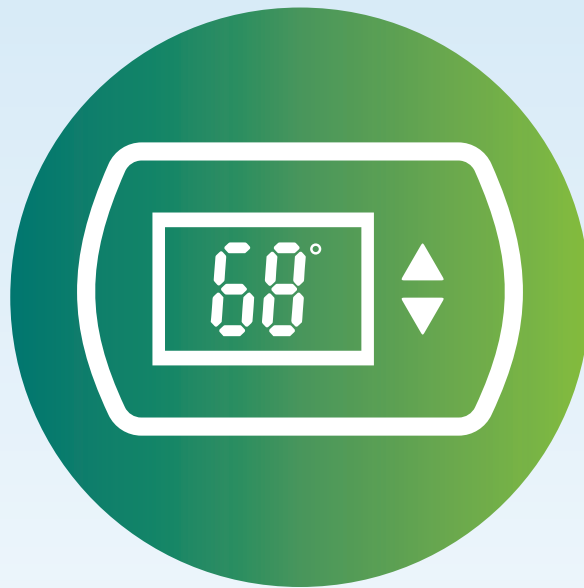


2022 NEW HAMPSHIRE RESIDENTIAL REBATE FORM

NATURAL GAS REBATES

Up to **\$85**

**PROGRAMMABLE &
WIRELESS-ENABLED THERMOSTATS**



Learn more at [NHSaves.com](https://www.nhsaves.com)



Unitil

NHsaves 

TO BE ELIGIBLE FOR THE OFFER:

1. Purchase qualifying new Programmable or Wireless-Enabled Thermostat.
2. Apply online at www.nhsaves.com/gasrebate or complete this application (sign and date). If you have questions, call 866-716-9334.
3. Valid purchases must be made between January 1, 2022 and December 31, 2022.
4. **Must be a residential natural gas heating customer of Unitil.**
5. Enclose a copy of your dated receipt showing qualifying model, purchase price and paid in full.
6. Maximum rebate amount cannot exceed purchase price.
 - Limit two (2) rebates per account per calendar year. Additional rebates require pre-approval. Pre-approval can be requested by contacting nhsavesrebates@efi.org.
 - Rebate form must be received by NHSaves within 60 days of the purchase date.
 - Please allow 6-8 weeks from receipt of submission for your rebate to be mailed.
 - Some restrictions may apply. Rebates are available on a first-come, first-served basis and are subject to change at any time without notice.



Older thermostats may contain mercury and should be disposed of properly. For more information on mercury and proper disposal, visit www.epa.gov/mercury.

To submit your rebate in hard copy, mail the completed rebate form with all required documents to:

NHSaves Rebates - Thermostats
P.O. Box 2528
Manchester, CT 06045



All fields on this page are required to complete your application. Missing information will delay your rebate.

ACCOUNT HOLDER INFORMATION Heating Fuel Type: Natural Gas Choose One: Owner Tenant

If payee information is different from account holder information and the gas utility provider is Unitil, additional processing time will be needed for payee verification.

Unitil Gas (NH Only) # - -

Customer First Name: _____ Customer Last Name: _____

Installed Street Address: _____

City: _____ State: NH Zip: _____

Mailing Address (If different than Installed Street Address): _____

City: _____ State: NH Zip: _____

Email: _____ Phone: _____

Complete all the fields for the measure(s) you are installing. Include the same information from your invoice.

EQUIPMENT INFORMATION Limit Two (2) Rebates per Account Online Purchase

MEASURE DESCRIPTION	DATE INSTALLED	MANUFACTURER	MODEL NUMBER	DOES YOUR HOME HAVE A CENTRAL AIR COOLING SYSTEM	INSTALLED BY	PURCHASE PRICE	QTY	REBATE AMOUNT	TOTAL REBATE
Programmable Thermostat	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Contractor			up to \$25	
Wireless-Enabled Thermostat	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Self <input type="checkbox"/> Contractor			up to \$85	

ACCEPTANCE OF TERMS

I hereby request a Rebate for the listed thermostat(s). Attached are copies of all receipts or invoices. I have read and agree to the Terms and Conditions on the reverse side of this form. I certify that the listed equipment has been installed in accordance with Program Guidelines and Terms and Conditions as described on this form.

DATE _____ PRINT NAME _____ AUTHORIZED SIGNATURE

By your signature above and acceptance of an energy efficiency Rebate(s), you acknowledge that the data collected through the use of the wireless-enabled thermostat may be shared with your electric and/or gas distribution company.