

REBATE APPLICATION INSTRUCTIONS

1. Please confirm you are a UGI Gas Pennsylvania resident to be eligible for these programs.
2. Purchase and install the qualifying equipment. Must be purchased and installed between October 1, 2026 and September 30, 2027.
3. Return the completed application along with the following items:
 - Completed and signed application (on back)
 - Copy of a dated, paid in full invoice / receipt showing:
 - Equipment Manufacturer
 - Model Number
 - Date of Purchase
 - Contractor Information
 - Equipment & Installation Cost
 - Copy of W9 form (if requested rebate amount exceeds \$600)
4. IMPORTANT: Photocopy your entire submission for your records.
5. Mail the signed rebate form with attached receipt to: **UGI Utilities Rebates • P.O. Box 93 • Hummelstown, PA 17036**

PROGRAM DETAILS

This rebate program applies to equipment purchased and installed between October 1, 2026 and September 30, 2026. Applications must be postmarked within 90 days from installation date. Please allow 6–8 weeks processing time.

If you have questions please call **877-947-3228**. If you'd like to apply online go to **www.ugi.com/commgasrebates**.

QUALIFYING EQUIPMENT

Equipment	Minimum Efficiency	Rebate Amount
Natural Gas Commercial Boiler(≥300MBH)	ENERGY STAR®	\$2 / MBh +\$2,000
Natural Gas Unit Heater(Warm Air/Infrared)	90%+TE	\$2 / MBh
Natural Gas Commercial Water Heater	ENERGY STAR®	\$4 / MBh
Steam Trap (≤ 15PSIG)	≤ 15PSIG	\$50
Advanced Rooftop Controls	Gas Heating Equipment with No existing DCV Control System	\$950

TERMS & CONDITIONS

Applicant must be a UGI Utilities, Inc. – Pennsylvania customer with rate class N, NT, DS or LFD to be eligible. Rebate application must be accompanied by proof of purchase (legible copy of dated sales receipt). Rebate application must include valid customer account number, manufacturer, model number and installation date. Qualifying products must be new and listed by the EPA as ENERGY STAR® qualified on www.energystar.gov (where applicable). Additional information regarding eligibility and products may be found in the programs and rebates section at www.ugi.com/rebates-for-business/natural-gas/. Rebate valid for qualified equipment purchased and installed between October 1, 2026 and September 30, 2027. Rebates are subject to available program funding. UGI reserves the right to audit and verify the information provided in the application prior to or after issuing a rebate. Rebates will be issued in the form of checks, not utility bill credits. Payments will be mailed to the account holder and address on record. UGI is not responsible for items lost or delayed in the mail, or any rebate delayed due to incomplete or incorrect applications. UGI is not responsible for any taxes that may be imposed as a result of applicant's receipt of any rebate from UGI. UGI does not make or provide any warranty, express or implied, or endorsement of any manufacturer, appliance or product. UGI is not responsible for the accuracy, completeness, or usefulness of any information, estimated savings or benefits attributed to the products that qualify for this program. Reference to any specific product, project, or service by manufacturer, trade name, trademark, or otherwise does not constitute or imply UGI's endorsement or recommendation. UGI is not responsible if a retailer or contractor provides inaccurate information to the applicant about the amount, terms and/or conditions of the actual rebate. UGI will not pay rebates for any appliance that is mislabeled or misrepresented by dealers regarding rebate qualifications. UGI reserves the right at any time to extend, modify or terminate this program.





COMMERCIAL EQUIPMENT PROGRAM

ACCOUNT INFORMATION

**Indicates required fields*

Account Holder First Name:* _____ Last Name:* _____

Installation / Service Address:* _____

City:* _____ State:* _____ ZIP Code:* _____

UGI Gas Account Number:* _____ Phone: _____ Email: _____

☐ Check this box if you are a new gas customer and account number is not yet available.

☐ Check this box if the payee information is the same as the account information above.

PAYEE INFORMATION

Payee First Name:* _____ Last Name:* _____

Mailing Address (Where check will be mailed to):* _____

City:* _____ State:* _____ ZIP Code:* _____

Phone: _____ Email: _____

How did you hear about UGI Utilities' rebates?

☐ UGI Bill Insert ☐ Radio ☐ Television ☐ Internet ☐ Store ☐ Contractor ☐ UGI Email ☐ Social Media

CONTRACTOR INFORMATION *Note: Manufacturer and Model number are required to be on the installation invoice.*

Contractor Name:* _____ Contractor Address:* _____

City:* _____ State:* _____ ZIP Code:* _____

Phone: _____ Email: _____

NATURAL GAS COMMERCIAL BOILER *Note: Manufacturer and Model number are required to be on the installation invoice.*

Space Heating

Type of equipment	Manufacturer	Model #	Quantity	Unit Heater Type
Natural Gas Commercial Boiler ($\geq 300\text{MBh}$)				
Natural Gas Unit Heater(90%+TE)				☐ Warm Air ☐ Infrared

Building Type: ☐ Education ☐ Food Sales ☐ Health Care ☐ Lodging ☐ Multifamily ☐ Office ☐ Public Assembly
☐ Public Order/ Safety ☐ Religious Worship ☐ Retail ☐ Service ☐ Warehouse/Storage ☐ Food Service

Commercial Water Heating

Type of equipment	Manufacturer	Model #	Quantity	Building Floor Area (all but multifamily)
Natural Gas Commercial Water Heater				

Building Type: ☐ Education ☐ Grocery/Convenience Store ☐ Inpatient Health Care ☐ Lodging ☐ Multifamily ___ number of units ☐ Office
☐ Other ☐ Outpatient Health Care ☐ Police/Fire/Jail ☐ Restaurant/Cafeteria ☐ Retail (In mall) ☐ Retail (other than mall)

Steam Trap

Type of equipment	Manufacturer	Model #	Quantity	Steam Trap Install Type
Steam Trap($\leq 15\text{PSIG}$)				☐ Insert ☐ Replacement

Business Application: ☐ Multifamily ☐ Dry Cleaner ☐ Other Commercial ☐ Industrial

Advanced Rooftop Controls

Type of equipment	Manufacturer	Model #	Quantity	Heating Input Capacity of controlled equipment(BTU)	Cooling Capacity of controlled equipment(BTU)
Advanced Rooftop Controls					

Do you have an existing DCV control system or an existing functional integrated economizer? ☐ Yes ☐ No

Building Type: ☐ Assembly ☐ Assisted Living ☐ College ☐ Conditioned Storage ☐ Convenience Store ☐ Garage ☐ Grocery
☐ Manufacturing Facility ☐ Office Low Rise ☐ Religious Building ☐ Restaurant ☐ Retail Department Store ☐ Retail Strip Mall



COMMERCIAL EQUIPMENT PROGRAM

ACCEPTANCE OF TERMS

I hereby request a rebate for the equipment listed. Attached are copies of all receipts or invoices. I have read and agree to the Terms and Conditions on the reverse of this form. I certify that a licensed contractor has installed the listed equipment (when applicable) in accordance with Program Guidelines and Terms and Conditions. I certify that I have seen the Energy Efficient Measures that have been installed and I am satisfied with their installation.

Customer Signature: _____ Date: _____

Email Commercial@ugisavesmart.com or call 1-877-947-3228 if you have any questions.