2024 NEW HAMPSHIRE RESIDENTIAL REBATE FORM

Up to

# **PROGRAMMABLE & WIRELESS-ENABLED THERMOSTATS**



Learn more at NHSaves.com







### TO BE ELIGIBLE FOR THE OFFER:







- 1. Purchase qualifying new Programmable or Wireless-Enabled Thermostat.
- 2. Apply online at nhsaves.com/natural-gas-thermostat or complete this application (sign and date). If you have questions, call 888-855-0285.
- 3. Valid purchases must be made between January 1, 2024 and December 31, 2024.
- Must be a residential natural gas heating customer of Liberty or 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 NHRebates@resource-innovations.com.
  - 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:

**Resource Innovations** 1337 Massachusetts Ave, PO Box 228 Arlington, MA 02476

ACCOUNT HOLDER INFORMATION

Wireless-Fnabled

**Thermostat** 



Owner

\$85

**Tenant** 

Choose One:

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

**Heating Fuel Type:** 

If payee information is differ	rent from accou	ınt holder informati	on and the gas utili	ty provider is Liberty, ad	ditional processir	g time will be ne	eeded for payee	e verification.	
Liberty (NH Only) #									
Unitil (NH Only) #									
Customer First Name	Customer L	ast Name: _							
Installed Street Addre	ess:								
City:						ate: NH	Zip:		
Mailing Address (If different than Installed Street Address):									
City:					Sta	ate: NH	Zip:		
Email:	Ph	Phone:							
Complete all the fields for the measure(s) you are installing. Include the same information from your invoice.									
<b>EQUIPMENT INFO</b>	RMATION	Limit Two (2)	Rebates per Ac	count				On	line 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	/ /			Yes No	Self Contractor			up to <b>\$25</b>	

**Natural Gas** 

ACCEPTANCE OF TENINS
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 or

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

Yes

No

Self

Contractor

DATE	PRINT NAME	AUTHORIZED SIGNATURE
By your signature ab	ove 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.