



Mail or E-mail to: **Metropolitan Energy Center**  
 3810 Paseo Blvd, Kansas City, MO 64109  
 Email: [AtmosEnergy@KCEnergy.org](mailto:AtmosEnergy@KCEnergy.org)  
 Phone: 877-620-1803

## REBATE REQUEST FORM

### Energize Atmos Energy Homes

This form should be completed after all recommended and approved upgrades are finalized. The property referenced on this form must match the property identified in the Audit Summary Form submitted at the beginning of the process. Additionally, **all measures installed and identified within this form must match those identified and approved within the Audit Summary Form.**

Submit the completed form and all required materials to Metropolitan Energy Center. Please keep a copy of this form and other materials submitted for your records.

#### APPLICANT INFORMATION

Applicant Name:		Atmos Energy Account No:	
Audited Property Address:		Applicant Mailing Address:	
City, State, Zip:		City, State, Zip:	
Daytime Phone:		Email:	

#### PROJECT COST

Fill in the table below for each paid invoice/receipt related to the application. All invoices must be included with this form. The total dollar amount for these invoices and receipts must equal the Total Project Cost. Attach a second page if you require additional lines.

INVOICE/RECEIPT DATE of PAYMENT	DESCRIPTION OF MEASURE/ACTIVITY	AMOUNT (\$)
<b>TOTAL PROJECT COST:</b>		

#### PROGRAM ACTIVITIES AND REBATE AMOUNT

	TOTAL PROJECT COST (\$)	ELIGIBLE REBATE AMOUNT	MAXIMUM REBATE AMOUNT	REQUESTED REBATE AMOUNT
Audit		100%	\$500	
Tier 1		35%	\$2,000	
Tier 2		50%	\$5,000	
<b>TOTAL REQUESTED REBATE AMOUNT*:</b>				\$
*Requested rebate amount cannot exceed the maximum rebate amount.				

#### REQUIRED DOCUMENTS TO PROCESS REBATE

- Signed Rebate Request Form       Signed W-9  
 Paid Invoices & Receipts       Signed "Post Test" inspection form

#### SIGNATURES

I, \_\_\_\_\_, acknowledge having read and understood the terms and conditions of Energize Atmos Energy Homes program. I certify that all the information provided is true and correct, that the products meet the requirements of the program, and that all equipment was installed in compliance with the manufacturer's specifications and applicable local, state, and federal codes.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date