# **Vectren Energy Delivery of Indiana Piping Assistance Program Application**



Thank you for participating in Vectren Energy Delivery of Indiana's Piping Assistance Program! This program provides a \$350 incentive for qualifying residential and commercial customers converting to natural gas from another heating source. It is intended to help cover the expenses associated with any costs the customer incurs to have a qualified contractor install indoor natural gas piping and/or retrofit existing appliances for natural gas use. Refer to the information below to ensure you are eligible for program rebates and your application is complete. Please retain a copy of your completed application and all invoices for your records.

#### **Need Help?**

For assistance completing this application, call **1-800-990-1930** to speak with a Vectren specialist.

#### What You Will Need

- A copy of your itemized invoice
- Your Vectren account number
- Installing contractor information

#### HOW TO APPLY

### Step 1: Determine Eligibility

#### Applicant

The applicant must be a Vectren Energy Delivery of Indiana, Inc. ("Vectren") residential or commercial account holder at the time of application.

Application & Installation
 The application must be postmarked within 60 days of service connection.

# Step 2: Complete Application & Attach Invoices

Complete Application
 Unless noted otherwise, all fields must be completed on the application to receive a rebate.

#### Sign Application

The application must be signed in the space provided on page 2 to receive a rebate.

#### Attach Invoices

Ensure that you have included a copy of your invoice with your completed application.

The invoice should include:

- » The date of installation
- » Total project cost
- » Instant rebate amount (if applicable)
- Verify Licensed Contractor
   Ensure that you have
   included your licensed
   contractor's license number

## Step 3: Submit Paperwork

# Double-check Information Make sure the information

Make sure the information listed on the application is correct and that you have provided all required information. Also, ensure a copy of all invoices has been included.

#### Submit Application

Submit your completed application and a copy of your itemized invoice(s) within 60 calendar days of service connection one of two ways:

#### Mail your application to:

Vectren Energy Delivery of Indiana, ATTN: Piping Assistance Rebates, PO Box 3552, Evansville, IN 47734-3552

Email your application to: pipingassistance@vectren.com

**Note:** If you choose to email your application, be sure to include all invoices as attachments.

### CUSTOMER & CONTACT INFORMATION

1. Account Holder Account N	umber mu	st be included	l in order foi	this applic	cation to b	e proc	essed.			
First Name of Account Holder		Last Nam	e of Account l	Holder				Finding Yo Informatio	ur Account	
									en account &	
Vectren Account Number (Required)		Phone Number	En	nail Address					ormation can n your most	
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								calling 1-or	70-990-1930.	
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2. Location of Installation										
Installation Address		Location Descriptio					tion (Check one)			
					□Home		□Business			
City			State				Zip Code			
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3. Installing Contractor			. D					No		
Contractor Business Name		Contracto	r Business Ad	dress			Contractor Licen	se Number		
City	State	Zip Code	Contracto	or Phone Nui	mber	Contra	ctor Email Addre	ss		
4 Mailing Addyson For Dah	ata Oba	ale								
4. Mailing Address For Reb	ate Cne	CK	Make Che	eck Payable	To: (Chook	onol				
Name							account holder)			
				□ Account Holder □ Property Owner (if not a □ Contractor (see Instant Discount for Contra						
Address			City				State	Zip C	ode	
Please complete the following two box	es <u>only if re</u>									
Federal Tax ID or SSN		Business Clas	ssification (Ch	eck one)						
		□Corporation	□Partnership	⊃ Sole Pro	prietorship	(indiv.)	□Limited Liabilit	y <b>□</b> Other	□Exempt	
Instant Discount for Contractors: By che has provided you the full rebate of \$350 on										
mailed directly to the installing contractor;								ill be illade	payable to allo	
SIGN APPLICATION										
I hereby certify that: 1. The information con	tained in this	s application is a	ccurate and co	mplete. 2. All	I rules of this	s incenti	ve application hav	ve been follo	wed.	
<ol><li>I understand that I am not allowed to rec harmless and release the utility from any ac</li></ol>			•		-					
herein, including liability from any incidenta		•	motaliation,	oporation an	a aloposal c	oquipi	jana roiatea			
Applicant Signature							Date	•		