Commercial Energy Efficiency Program Application Form

Contact Information

* denotes required field

Invoice Number*		Union Gas Account Manager	
Company*			
Address*			
City*		Postal Code*	
Phone Number*		Fax Number*	
Contact Name		GST Registration Number*	

Return To

Attention:	DSM Tracking & Reporting
Fax Number:	519.436.5310
Mail:	Union Gas Limited, P.O. Box 2001 50 Keil Drive North, Chatham, ON, N7M 5M1
Email:	uniongasincentive@uniongas.com
Date:	_____ DD / MM / YYYY

Equipment Type (see program outline for technology definitions and limitations) Please indicate in "Equipment Type" column

A. ERV	**C.** 2-Stage Rooftop Unit	**E.** Condensing Boiler	**G.** Destratification Fans
B. HRV	**D.** Programmable Thermostat-(Retrofit Only)	**F.** High Efficiency Furnace (Retrofit Only)	**H.** Demand Control Kitchen Ventilation

CUSTOMER 1: EQUIPMENT INSTALLED

Customer		Phone		Contact Name	
Installation Address		Town/City Install		Date (DD/MM/YYYY)	
Building Type	☐ New ☐ Existing	Market Segment	☐ Agricultural ☐ Hotel / Motel ☐ Institutional ☐ Office ☐ Retail		
Rate Class	(UG Office Use)		☐ Food Services ☐ Industrial ☐ Multi-Family ☐ Recreational ☐ Warehouse		

Equipment Type	Manufacturer	Model #	Input (M^3/BTU/CFM/TONS)	# Of Units	Serial Numbers (attach list)	Incentive Amount
				Sub Total		$0.00
				5% GST		$0.00
				Total		$0.00

Incentive Payment: ☐ Channel Partner ☐ End User

Union Gas Account Manager Signature (required for end-user funding)

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