

Residential Reactivation Incentive Application

	Customer I	Inform	ation
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Florida City Gas Acc Please write the first 1			nclude any leadin	g zeros but (do not include dashes	:-
First Name (as it appears o	n account)	Middle Initial	Last Name		Phone	
Service Address		City		State	ZipCode	
Mailing Address		City		State	ZipCode	
Signature (Tenant/Owner)				Date		
Residential Reac	tivation Progr	am_				

The Residential Reactivation Program is designed to encourage the reactivation of existing service lines that are scheduled to be cut and capped. The program provides for a supplemental incentive over and above the Residential Appliance Replacement Program for service lines that have been inactive for 12 months.

Service Reactivation: \$200

DOCUMENTATION NEEDED from customer and/or contractor to process incentive:

- ► Receipt(s) of Natural Gas appliances purchased and installed
- Verification of inactive service line on property

Mail this form to: Florida City Gas,

ATTN: Reactivation Rebate Dept. 4045 NW 97th Ave, Doral, FL 33178

or email to: FCG-Rebates@chpk.com

If you have any questions about this form, please call 888.CITY.GAS

For Office Use Only

Turn-on Date	Rebate Number
Approval Signature	