



REQUEST FOR GAS SERVICE

I. CUSTOMER INFORMATION								DATE RECEIVED		
TYPE CUSTOMER [R] RESIDENTIAL <input type="checkbox"/> Single Family <input type="checkbox"/> Town House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home							[C] COMMERCIAL / INDUSTRIAL <input type="checkbox"/>			
APPLICANT NAME 1			APPLICANT NAME 2			CONTACT NAME				
SERVICE ADDRESS			BILLING ADDRESS			OTHER ADDRESS				
ST #	PRFX	ST NAME	SUFY	ST #	PRFX	ST NAME	<input type="checkbox"/> TEMPORARY MAILING <input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> OTHER _____			
CITY		MUNI CODE		CITY		ST #		PRFX	ST NAME	SUFY
STATE		ZIP		STATE		ZIP		CITY		
HOME PHONE		DAY PHONE		OTHER PHONE _____			STATE		ZIP	

II. CREDIT INFORMATION				
APPLICANT / BUSINESS NAME		CONTACT NAME	TITLE	RESIDENTIAL APPLICANT SOCIAL SECURITY NUMBER
BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		LENGTH OF OWNERSHIP	EMAIL ADDRESS	
FED EMP ID# (same as EIN or Tax ID#)		OWNER SOCIAL SECURITY NUMBER	PROPERTY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FAMILIES THIS METER/ACCT
PROPERTY <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		LANDLORD NAME	LANDLORD NAME	
PRIOR/EXISTING UGI-PNG ACCOUNT NUMBERS		LETTER OF CREDIT WORTHINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR/EXISTING UGI-UTILITIES ACCOUNT NUMBERS	

III. GAS LOAD INFORMATION						
APPLIANCES	Qty	Existing load (cfh)	New load (cfh)	FUEL REPLACED	SYSTEM REPLACED	SYSTEM INSTALLED
HEAT				<input type="checkbox"/> CITY STEAM	<input type="checkbox"/> ELECTRIC RESISTANCE	<input type="checkbox"/> GAS WARM AIR
WATER HEATER				<input type="checkbox"/> COAL	<input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> GAS HOT WATER
RANGE				<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> GEOTHERMAL	<input type="checkbox"/> GAS STEAM
DRYER				<input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> OFF PEAK	<input type="checkbox"/> GENERAL SERVICE
FIRE PLACE				<input type="checkbox"/> OIL	<input type="checkbox"/> HOT WATER	<input type="checkbox"/> GSWH
POOL HEATER				<input type="checkbox"/> PROPANE	<input type="checkbox"/> STEAM	
SPACE HEATER				<input type="checkbox"/> WOOD	<input type="checkbox"/> WARM AIR	
PROCESS				<input type="checkbox"/> GENERAL SERVICE	<input type="checkbox"/> GENERAL SERVICE	
OTHER				<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> NEW CONSTRUCTION	
		TOTAL	TOTAL			
BUILDER				DEVELOPMENT		
_____				_____		

Thank you for your recent inquiry to UGI Utilities, Inc. (UGI) regarding natural gas service. The information required in this Request for Gas Service will be used to estimate the cost and feasibility of supplying natural gas service to the address listed above, consistent with the extension guidelines as expressed in UGI's Gas Tariff.

Please complete any missing information and sign this form to verify that all facts and information contained in the Request for Gas Service are true and complete to the best of your knowledge.

Once UGI has completed the cost estimate, we will provide you with a Customer Agreement Letter that will include the contribution required by you, if any, to receive natural gas service.

Please be aware that this Request for Gas Service does not serve as a binding commitment for you to receive natural gas service, nor is it a commitment from UGI to provide gas service. As a result, you should not purchase any natural gas equipment until a firm commitment has been established. UGI will not be held responsible for any equipment purchased or work done related to natural gas service at this address.

Thank you once again for your interest in natural gas service. UGI will respond to you shortly with additional information regarding the cost (if any) and feasibility of supplying clean, efficient natural gas to your property.

APPLICANT SIGNATURE(S)	DATE	REPRESENTATIVE SIGNATURE	DATE
_____	_____	_____	_____



RESIDENTIAL EQUIPMENT PROGRAM

REBATE APPLICATION INSTRUCTIONS

1. Please confirm you are a UGI Gas Pennsylvania resident to be eligible for these programs.
2. Purchase and install the qualifying equipment. Must be purchased and installed prior to September 30, 2025. Applications must be postmarked within 90 days from installation date.
3. Return the completed application along with the following items:
 - Completed and signed application (on back)
 - Copy of a dated, paid in full invoice / receipt showing:
 - Equipment Manufacturer
 - Model Number
 - Date of Purchase
 - Contractor Information
 - Equipment & Installation Cost
4. IMPORTANT: Photocopy your entire submission for your records.
5. Mail the signed rebate form with attached receipt to: **UGI Utilities Rebates • P.O. Box 2528 Manchester, CT 06045**

PROGRAM DETAILS

This rebate program applies to equipment purchased and installed prior to September 30, 2025. Applications must be postmarked within 90 days from installation date. Please allow 6–8 weeks processing time.

If you have questions please call 844-317-6122. If you'd like to apply online go to www.ugi.com/yourgasrebates.

Customers who are income-qualified may be eligible for free, comprehensive usage reduction services. To learn more about enrollment in UGI's Low Income Usage Reduction Program (LIURP), please call 1-800-844-WARM.

QUALIFYING EQUIPMENT

Equipment	Minimum Efficiency	Rebate Amount
Smart Thermostat	ENERGY STAR®	\$50
Natural Gas Tankless Water Heater	ENERGY STAR®	\$400
Natural Gas Furnace	ENERGY STAR®	\$500
Natural Gas Boiler	AFUE + 94	\$1,200
Natural Gas Combination Boiler	AFUE + 94	\$1,500

TERMS & CONDITIONS

Applicant must be a UGI Utilities, Inc. – Pennsylvania customer and a Rate Class R, RT, N or NT to be eligible; Rebate application must be accompanied by proof of purchase (legible copy of dated sales receipt); Rebate application must include valid customer account number, manufacturer, model number and installation date; Qualifying products must be new and listed by the EPA as ENERGY STAR® qualified on www.energystar.gov; Additional information regarding eligibility and products may be found in the programs and rebates section at www.ugi.com/savesmart; Rebate valid for qualified appliances purchased and installed prior to September 30, 2025. Applications must be postmarked within 90 days from installation date. Rebates are subject to available program funding; Applications are subject to audit and verification by UGI. UGI reserves the right to verify the information provided in the application prior to or after issuing a rebate; Rebates will be issued in the form of checks, not utility bill credits. Payments will be mailed to the account holder and address on record; UGI is not responsible for items lost or delayed in the mail, or any rebate delayed due to incomplete or incorrect applications; UGI is not responsible for any taxes that may be imposed as a result of applicant's receipt of any rebate from UGI; UGI does not make or provide any warranty, express or implied, or endorsement of any manufacturer, appliance or product. UGI is not responsible for the accuracy, completeness, or usefulness of any information, estimated savings or benefits attributed to the products that qualify for this program. Reference to any specific product, project, or service by manufacturer, trade name, trademark, or otherwise does not constitute or imply UGI's endorsement or recommendation; UGI is not responsible if a retailer or contractor provides inaccurate information to the applicant about the amount, terms and/or conditions of the actual rebate; UGI will not pay rebates for any appliance that is mislabeled or misrepresented by dealers regarding rebate qualifications; UGI reserves the right at any time to extend, modify or terminate this program.





RESIDENTIAL EQUIPMENT PROGRAM

ACCOUNT INFORMATION

*Indicates required fields

Account Holder First Name:* _____ Last Name:* _____

Installation/Service Address:* _____

City:* _____ State:* _____ ZIP Code:* _____

UGI Gas Account Number:* _____ Phone: _____ Email: _____

Check this box if you are a new gas customer and account number is not yet available.

PAYEE INFORMATION

Check this box if the payee information is the same as the account information above.

Payee First Name:* _____ Last Name:* _____

Mailing Address (Where check will be mailed to):* _____

City:* _____ State:* _____ ZIP Code:* _____

Phone: _____ Email: _____

How did you hear about UGI Utilities' rebates?

UGI Bill Insert Radio Television Internet Store Contractor UGI Email Social Media

Do you own or rent your home? Own Rent

CONTRACTOR INFORMATION

Note: Manufacturer and Model number are required to be on the installation invoice. Self-Installed

Contractor Name:* _____ Contractor Address:* _____

City:* _____ State:* _____ ZIP Code:* _____

Phone: _____ Email: _____

SMART THERMOSTAT INFORMATION (Limit 2)

Note: Manufacturer and Model number are required to be on the installation invoice.

Type of equipment	Manufacturer	Model #	Self installed or contractor install?	Quantity	Rebate	Do you have central air?
Smart Thermostat						<input type="checkbox"/> Yes <input type="checkbox"/> No

Thermostat type replaced by Smart Thermostat: Manual Digital Programable Unknown

HEATING AND WATER HEATING INFORMATION

Note: Manufacturer and Model number are required to be on the installation invoice.

Type of equipment	Manufacturer	Model #	Quantity	Rebate	Used for water heating?
Natural Gas Tankless Water Heater					N/A
Natural Gas Furnace					N/A
Natural Gas Boiler					N/A
Natural Gas Combination Boiler					If yes, source?

Fuel type replaced: Electric Oil Natural Gas Propane Other _____

ACCEPTANCE OF TERMS

I hereby request a rebate for the equipment listed. Attached are copies of all receipts or invoices. I have read and agree to the Terms and Conditions on the reverse of this form. I certify that a licensed contractor has installed the listed equipment (when applicable) in accordance with Program Guidelines and Terms and Conditions. I certify that I have seen the Energy Efficient Measures that have been installed and I am satisfied with their installation.

Customer Signature: _____ Date: _____

Email savesmart@ugi.com or call 1-844-317-6122 if you have any questions.