

CITY OF ST. CHARLES NEST THERMOSTAT REBATE APPLICATION

NEST THERMOSTAT INFORMATION (ALL FIELDS ARE REQUIRED)				\$50.00 REBATE
This offer is valid the Prior purchases/inst	thermostat is eligible for this ro rough 4/30/20, or until funds are allations are not eligible. of St. Charles Utility Billing acco	depleted, whichever comes first.		Application Date
Purchase Price	Purchase Date	Install Date* Serial Number		
Retailer Name		A dated copy of the purchase receipt must be included with this application.		
ACCOUNT HOLDER	INFORMATION (PLEASE PRI	NT)		
City of St. Charles Utility Billing Account Number (must be 10 digits)				
Account Holder First Name		Account Holder Last Name		
Installation Address		Type of Heating System Gas Electric	Type o	of Cooling System
Property Type		Single Family	Mult	ti Family
Telephone (include area code)		Email Address		
REBATE PAYMENT	INFORMATION			
All rebate payments the form of a \$50.00	will be applied directly to the laccount credit.	Utility Billing account associate	d with the a	above address, in
* Upon installation of For verification pu	of the Nest thermostat, you will rposes, please attached a copy of	of received email with this app	lication.	
Customer agrees th programs that may	at by receiving a rebate, he o be developed.	r sne agrees to participate in	tuture den	nand response
		PLEASE MAIL OR EMAIL A	PPLICATION AN	ND DOCUMENTATION TO City of St. Charles

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