

HOME ENERGY AUDIT WEATHERIZATION REBATE FORM

Member must: 1) Complete application in full; 2) Sign; 3) Submit with COPY of receipt within 90 days of purchase

Version 3.0
Jan 1, 2013

Name: _____ Co-op Account #: _____

Address (where audit performed): _____ Audit Date: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mailing address (if different than audit address): _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail address: _____

Rebate recipients may be asked to participate in a future survey by e-mail invitation or by phone.

Would you be interested in a follow-up energy audit to verify proper installation of the recommended measures? YES NO

COOPERATIVE WILL REFUND 50% (up to \$750) of the cost of the repairs/improvements recommended by the auditor's report. Please list each repair made and the amount paid. This form is for weatherization repairs/improvements only and members must have a current energy audit completed **THROUGH THEIR COOPERATIVE** with specific recommendations to be eligible for a rebate. **HVAC equipment and appliances are NOT ELIGIBLE for this rebate. Rebates are limited to eligible services (homes, lake homes, shops, barns, etc) that use more than 6,000 kilowatt-hours of electricity on an annual basis.**

Energy efficiency measures installed based on audit:

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
TOTAL DOLLARS SPENT	\$
REBATE AMOUNT	\$

INSTRUCTIONS:

- Please allow 30 days for processing. Please keep a copy for your records
- You must include a copy of the original dated sales receipt with this application
- Include you account number and sign the form
- Incomplete applications will not be processed for rebates
- Submit completed application and sales receipt within 90 days of purchase to your local electric cooperative.**

I certify that the repairs listed have been completed at the address above. I agree to allow a representative of the Cooperative to verify these repairs.

Signature: _____

Date: _____

FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING:

Rebate Amount:		Check Number:		Check Date:
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Approval Signature: _____