



HOME IMPROVEMENT MEASURES

2024 Energy Efficiency Rebate Form

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM *(Please read)*

- ❖ A pre-test performed by a certified energy rater must be on file with Polk-Burnett.
- ❖ A post-test performed by the same certified energy rater must show a reduction in the air infiltration rate to qualify for the rebate.
- ❖ Rebate is limited to 30% of the cost of improvement measures; rebate not to exceed \$1000.
- ❖ Improvements that qualify are those that reduce air infiltration or make the house "tighter"- (*insulation, caulking, air sealing, etc.*).
- ❖ Improvements may be performed by the member or any company the member chooses.
- ❖ Buildings undergoing audits and improvements must be on Polk Burnett's electric lines and are at least 10 years old.
- ❖ Rebates are in place through December 31, 2024 or until funds are depleted. Program subject to change or cancellation.
- ❖ **Member has one year from the date of the first home test to have qualifying improvements done and home retested, unless prior agreement with the certified energy rater that performed the pre-test and will be performing post-test.**
- ❖ Rebates will be issued as a check 6-10 weeks after approval.
- ❖ Submit the documentation listed below **within 3 months after the post-test.** However, members are encouraged to submit as soon as possible to ensure rebate:
 - ✓ This rebate form
 - ✓ A copy of your dated **detailed** receipt or paid detailed invoice for each implemented measure

Submit required documentation to:

Polk Burnett 1001 State Road 35 Centuria, WI 54824 Fax: 715-646-2404 Phone: 800-421-0283 · 715-646-2191 ext. 595

MEMBER INFORMATION *(Please fill out entire section – be sure to provide **account and location #** found in the upper right hand side of your electric bill)*

Location Address: Location: # Invoice Date: Account #:

| | | | | | |
|-----------------|-------|-----|-----------|------------------|--|
| Member Name | | | Email | | Phone # |
| Mailing Address | | | Account # | | Location # <i>Example: (02A11021)</i> |
| City | State | Zip | Date | Member Signature | |

Type of Service: Residential Seasonal "Cabin" Farm Commercial/ Industrial Institution/Government

AUDIT INFORMATION *(Please fill out entire section)*

| | | |
|--|----------------|----------------------------|
| Date of audit (pre-test): | Cost of Audit: | Date of audit (post-test): |
| What is the water heater fuel type? <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: | | |
| What is the home heating fuel type? <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Geothermal <input type="checkbox"/> Other: | | |
| Auditor name: | Phone: | Email: |

| Measures implemented: <i>(measures that improve/reduce the air infiltration rate - example: insulating and/or air sealing)</i> | Cost: |
|--|-------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| Total Cost of Improvements: | |

OFFICE USE ONLY

| | | |
|--|-------|-------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved – Insignificant Air Infiltration Reduction | | |
| Cooperative representative: | Date: | Total rebate issued: \$ |

