



## **HOME PERFORMANCE**

(PRE-TEST)

## 2025 Energy Efficiency Rebate Form

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

- Rebate is limited to \$350 and cannot exceed the cost of the test (member must have net investment of at least \$125 in test).
- Audit must be performed by a certified energy rater with BPI or HERS certification. Call Polk-Burnett 800-421-0283 ext. 595 for a list of approved energy raters.
- Building undergoing audit must be on Polk-Burnett electric lines. (New homes are not eligible for this rebate)
- Rebates are in place through December 31, 2025, or until funds are depleted. Program subject to change or cancellation.
- Rebates will be issued as a check **6-10 weeks** after approval.
- Submit the documentation listed below within 3 months after the pre-test or January 1, 2026, whichever comes first.
  However, members are encouraged to submit as soon as possible to ensure rebate:
  - ✓ This rebate form
  - ✓ A copy of the dated invoice

## 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

| CUSTOMER 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 #:   |                       |          |      |                                     |                    |                       |  |                         |            |       | count #: |  |
| Member Name  |                       |          |      | Email                               |                    |                       |  | Phone #                 |            |       |          |  |
|  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| Mailing Address  |                       |          |      | Account #                           |                    |                       |  |                         | Location # |       |          |  |
| City   | Date Office use only: |          |      |                                     |                    | Example: (02A-11-021) |  |                         |            |       |          |  |
| City   | State                 | Zip Code | Date |                                     | (Service Location) |                       |  |                         |            |       |          |  |
| Rebate for: Residential Seasonal "Cabin" Farm Com  |                       |          |      | mercial/Industrial Institution/Gove |                    |                       |  | rnment                  |            |       |          |  |
| AUDIT INFORMATION (Please fill out entire section)   |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| Date of audit  |                       |          |      | Cost of Audit                       |                    |                       |  |                         |            |       |          |  |
| Auditor name   |                       |          |      | Phone                               |                    |                       |  | Email                   |            |       |          |  |
| Please complete the following to help us plan future programs:   |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| Were you satisfied with the home performance test?   |                       |          |      |                                     |                    | Yes                   |  | No                      |            |       |          |  |
| Was the home performance test what you expected?   |                       |          |      |                                     |                    | Yes                   |  | No                      |            |       |          |  |
| Do you plan on air sealing and /or insulating the home as per audit recommendations (May be eligible for Polk-Burnett's Home Improvement Rebate) |                       |          |      |                                     |                    | Yes                   |  | No                      |            | Maybe |          |  |
| Would you recommend the home performance test to other members?  |                       |          |      |                                     |                    | Yes                   |  | No                      |            |       |          |  |
| Additional Comments:   |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
|  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
|  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
|  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
|  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| OFFICE USE ONLY  |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| ☐ Approved ☐ Not Approved-Reason   |                       |          |      |                                     |                    |                       |  |                         |            |       |          |  |
| Cooperative representative:  |                       |          |      |                                     | Date:              |                       |  | Total rebate issued: \$ |            |       |          |  |

