



# COMPRESSED AIR AUDIT 2019 Energy Efficiency Rebate Form

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

- ❖ Rebate is limited to 20% of the cost of the audit, not to exceed \$500.
- ❖ Audit must be performed by a professional engineer, certified energy manager, or a cooperative approved partner.
- ❖ Building undergoing audit must be on Polk-Burnett's lines.
- ❖ Rebates are in place through December 31, 2019 or until funds are depleted.
- ❖ Rebates will be issued as a check 6-10 weeks after approval.
- ❖ Additional eligibility criteria may apply. Program is subject to change or cancellation without notice.
- ❖ Submit the documentation listed below **within 3 months after the audit or January 1, 2020, whichever comes first.** However, members are encouraged to submit as soon as possible to ensure rebate:
  - ✓ This rebate form
  - ✓ Copy of the audit showing date of audit, cost of audit, and deemed savings

**Submit required documentation to:** Polk Burnett 1001 State Road 35 Centuria, WI 54824 Fax: 715-646-3395 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 corner of your electric bill)*

Member Name			Email		Phone #
Address			Account #		Location # <small>Example: (02A-11-021)</small>
City	State	Zip	Date	Member Signature	
Rebate for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

## AUDIT INFORMATION *(Please fill out entire section and INCLUDE COPY OF AUDIT with this form)*

Date of audit:	Cost of Audit:	
Who performed the audit? <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Certified Energy Manager <input type="checkbox"/> Other:		
Auditor Name:	Phone:	Email:

**Total Rebate Amount Requested:** \_\_\_\_\_

### Other Energy Efficiency Steps Taken:


## OFFICE USE ONLY

Approved  Not Approved-Reason

I certify the rebates requested are for equipment purchased and/or installed in 2019

Cooperative representative:	Date:	Total rebate issued: \$
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