



# HOME IMPROVEMENT MEASURES

## 2019 Energy Efficiency Rebate Form

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

- ❖ Audits must be performed by a Polk-Burnett approved certified energy rater. Call Polk-Burnett for a list of raters.
- ❖ 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 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.
- ❖ **Call Polk-Burnett 800-421-0283 ext. 595 before having an insulation company perform any work. (affects timing of 2<sup>nd</sup> testing)**
- ❖ Rebates are in place through December 31, 2019 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 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 or January 1, 2020, whichever comes first.** 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: 715-646-3395 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 side of your electric bill)*

|             |       |     |           |                  |                                                        |
|-------------|-------|-----|-----------|------------------|--------------------------------------------------------|
| Member Name |       |     | Email     |                  | Phone #                                                |
| Address     |       |     | Account # |                  | Location #<br><small>Example:<br/>(02A-11-021)</small> |
| City        | State | Zip | Date      | Member Signature |                                                        |

Rebate for:  Residential  Farm  Commercial  Industrial  Institution/Government  Other:

### AUDIT INFORMATION *(Please fill out entire section)*

|                                                                                                                                                                                                                                              |                |                            |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|----------------|
| Date of audit (pre-test):                                                                                                                                                                                                                    | Cost of Audit: | Date of audit (post-test): | Cost of Audit: |
| 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                                                                                                                              |       |
| <b>Total Cost of Improvements:</b>                                                                                             |       |

### OFFICE USE ONLY

|                                                                                                                                                      |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Total Cost of Improvements                                                                                                                           |                               |
| 30% of Total Cost of Improvements                                                                                                                    |                               |
| I certify the rebates requested are for improvements finished in 2019 <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason |                               |
| Cooperative representative:                                                                                                                          | Date: Total rebate issued: \$ |

