



COMPRESSED AIR AUDIT 2020 Energy Efficiency Rebate Form

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

- ❖ Rebate is capped at 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, 2020 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 2, 2021, 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 2020

Cooperative representative:	Date:	Total rebate issued: \$
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