

A Cooperative Effort for Energy Efficiency



## HOME ENERGY AUDIT WEATHERIZATION REBATE FORM

Member must: 1) Complete application in full; 2) Sign; 3) Submit with COPY of receipt within 90 days of purchase

| Name:  |   | Co-op Acco         | ount #:  |  |       |
|--|---|--------------------|--|--|-------|
| Address (where audit performed):Audit Dat  |   |                    |  | t Date:  |       |
| City:  | State:  | Zip:               | Phone:   |  |       |
| Mailing address (if different than audit address   | s):   |                    |  |  |       |
| City:  | State:  | Zip:               | Phone:   |  |       |
| E-Mail address:  | be asked to participate i   | n a future surve   | ev by e-mail invitation                          | n or by phone  |       |
| Would you be interested in a follow-up energy  | •   |                    |  |  |       |
| COOPERATIVE WILL REFUND 50% (up to and the amount paid. This form is for weatheric COOPERATIVE with specific recommendationare limited to eligible services (homes, lake by the specific recommendational services).   | zation repairs/improvements on to be eligible for a rebate.   | only and members r | must have a current energet and appliances are N | y audit completed <u>THROUGH</u><br>IOT ELIGIBLE for this rebate | THEIR |
| Energy efficiency measures i   | nstalled based on a   | audit:             |  |  |       |
| 1.   |   |                    |  | \$   |       |
| 2.   |   |                    |  | \$   |       |
| 3.   |   |                    |  | \$   |       |
| 4.   |   |                    |  | \$   |       |
| 5.   |   |                    |  | \$   |       |
| 6.   |   |                    |  | \$   |       |
| 7.   |   |                    |  | \$   |       |
| TOTAL DOLLARS SPENT  |   |                    |  | NT \$  |       |
| REBATE AMOUNT  |   |                    |  | NT \$  |       |
| INSTRUCTIONS:  • Please allow 30 days for processing. Please • You must include a copy of the original date • Include you account number and sign the formula of the incomplete applications will not be processed. • Submit completed application and sale of the complete incomplete incompl | ed sales receipt with this applica<br>orm<br>ed for rebates<br><u>es receipt within 90 days o</u> f | f purchase to you  | resentative of the Coopera                       | ative to verify these repairs.                                   |       |
| Signature: Date:  FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOR   |   |                    |  |  |       |
| Rebate Amount:   | Check Number:   |                    | Check  |  |       |
| Annual Cimpture  |   |                    |  |  |       |