## 2024 ATTIC INSULATION EFFICIENCY REBATE APPLICATION

| SECTION A. CUSTO                 | MER INFORMATION (p  | olease print)  |                                 |  |  |  |  |
|----------------------------------|---|--|---------------------------------|--|--|--|--|
| Step 1:                          |   |  |                                 |  |  |  |  |
|                                  |   |  |                                 |  |  |  |  |
| Customer Name (as it appear      | s on your utility bill)   |  | Account Number                  |  |  |  |  |
|                                  |   |  |                                 |  |  |  |  |
| Installation Address             |   |  | City                            | State Zip Code   |  |  |  |
| Mailing Address (if different fi | om installation address)  |  | City                            | State Zip Code   |  |  |  |
| Contact Phone Number (with       | Home Cell   | Other:   | E-mail Address                  |  |  |  |  |
| ,                                | area coue)  |  | L-mail Address                  |  |  |  |  |
| Step 2:                          |   |  |                                 |  |  |  |  |
| Step 3:                          | applied to your account. If a box is  ONSERVE & SAVE ? (pick one) |  | of Commerce Contractor          | Newspaper Radio  |  |  |  |
| Retailer/Vendor Sc               | cial Media TV Utility   | Newsletter Utility Represe   | ntative Utility Web Site        | Other  |  |  |  |
| Step 4:                          |   |  |                                 |  |  |  |  |
| I am a:                          | My building type is:  | I am a:  | My home/business is heated b    | y:   My water heating is   |  |  |  |
| Residential Customer             | Single Family   | Owner/Occupant   | Electric                        | Electric   |  |  |  |
| Commercial Customer              | Multi- Family   | Owner/Non-Occupant Gas   |                                 | Gas  |  |  |  |
|                                  | buildings with 2 or more units                                    | Renter   | Don't Know                      | Don't Know   |  |  |  |
| SIGNATURE: By                    | typing my first and last name                                     | s in the CUSTOMER SIGNATI  | JRE box below, I am signing thi | is document and certify:   |  |  |  |
|                                  | I have attached all support                                       | nd agree to the terms and c<br>materials – Section B, #3-<br>stalled at the address listed | 5                               | Allow 6-8 weeks for processing.  Missing or incorrect information will |  |  |  |
| CUSTOMER SIGNATURE               | <u> </u>  |  | Date                            | increase the processing time.  |  |  |  |
|                                  |   |  |                                 |  |  |  |  |
| TEAMING UP TO SAVE YO            | OFFICE U  | <b>USE ONLY</b> Gas  | ☐ Electric ☐ Water              | Total Rebate Amount:   |  |  |  |
| AUSTIN                           |   | Date Pro   |                                 | \$   |  |  |  |
| UTILITIES OWATO                  | Appliance/Equi  | Appliance/Equipment  |                                 |  |  |  |  |

Verified By\_

FILE NAME:\_

ID\_

## SECTION B. REBATE APPLICATION CHECKLIST

## Use this checklist to complete the steps to receive your rebates:

- 1. Read the following terms and conditions to determine if you are eligible for a rebate:
  - Only one service address per application.
  - The Utility reserves the right to apply rebates to past due accounts. Rebates \$75 and under will be applied to your account. Rebates will not exceed the purchase price.
  - Energy-efficient equipment must be connected to a natural gas service supplied by Austin Utilities or Owatonna Public Utilities and is subject to inspection.
  - Purchase and install **NEW** products. Reconditioned, refurbished, or second-hand equipment is not eligible for a rebate.
  - Equipment installations must meet our Minimum Efficiency Requirements to qualify for a rebate.
  - Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-served basis. All applications from this year's (2024) purchases must be received by March 31, 2025.
  - Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
- 2. Complete the application, making sure to fill out all required sections in detail. Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.
- 3. Include a final, detailed copy of the original sales receipt, invoice, or picking slip showing the customer name, date of sale, manufacturer name, model number, size, and date of installation.
- 4. Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners.
- 5. Submit completed forms and required documentation to your utility provider:

**Austin Utilities** 

Apply by Mail: Attn: Rebate Processing

1908 14th St NE Austin, MN 55912-4904

507-433-8886

**Apply Online:** Apply by Email: rebates@austinutilities.com

www.austinutilities.com

**Owatonna Public Utilities** 

Apply by Mail: Attn: Rebate Processing

PO Box 800

Owatonna, MN 55060-0800

507-451-2480

**Apply Online:** www.owatonnautilities.com Apply by Email: rebates@owatonnautilities.com

## SECTION C. CONTRACTOR/RETAILER INFORMATION (please print)

| Contractor's/Retailer's Name                       | Contact Person                                       | Phone Number (with area code) |  |  |  |  |  |
|--|--|-------------------------------|--|--|--|--|--|
| Installer's Name (write SELF if customer installed | <b>i</b> )   |                               |  |  |  |  |  |
| Type of Appliance/Equipment Installed              |  |                               |  |  |  |  |  |
| 2024 ATTIC INSULATION EFFICIENCY REBATE            |  |                               |  |  |  |  |  |
|  | CDACE (Detrofit only) (Inculation in garage december |                               |  |  |  |  |  |

| ATTIC INSULATION – CONDITIONED LIVING SPACE (Retrofit only.) (Insulation in garage does not qualify for a rebate.)  MINIMUM EFFICIENCY REQUIREMENTS: Must add a minimum of R19 with an ending R value of 49 or greater. All attic bypasses must be sealed prior to adding insulation.  REBATE: Self Installed or Contractor Installed: \$200 (Rebate is capped at 50% of cost.) |                 |                      |                                 |        |  |  |  |  |
|---|-----------------|----------------------|---------------------------------|--------|--|--|--|--|
| CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT AND INSTALLED INSULATION USING A QUALIFIED CONTRACTOR SHOULD USE OUR HOUSE CALL AUDIT REBATE APPLICATION!   |                 |                      |                                 |        |  |  |  |  |
| Installation Type:  | Self-Installed  | Contractor Installed | Were all attic bypasses sealed? | Yes    | No (If No, does not qualify for a rebate.) |  |  |  |
| Description of Insulation   | n Improvements: |                      |                                 |        |  |  |  |  |
| Manufacturer & Type of Insulation Added:  |                 |                      |                                 | OFFICI | OFFICE USE ONLY                            |  |  |  |
| Inches Added:   | Square feet co  | vered: D             | ate of Installation:            | Reba   | te Total: \$                               |  |  |  |
| Initial R-Value:  | R-Value Added:  | Total Ending R-V     | alue (Initial + Added):         | Savin  | gs:ccf                                     |  |  |  |