

# CONSERVE & \$AVE

## 1. TERMS AND CONDITIONS

2008

This program offers rebates for the purchase of energy-efficient equipment. Applicants should review the Terms and Conditions listed below and fill in the corresponding rebate information on the following pages. To qualify for a rebate, these requirements must be met:

- **Only one service address per application.**
- **Rebates will not exceed the purchase price. All rebates \$25 and under will be applied to your account.**
- **Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.**
- Energy-efficient equipment must be connected to an electric, water, or gas\* service supplied by Austin Utilities, Owatonna Public Utilities, or Rochester Public Utilities and **subject to inspection.** (*For example, you must have your ELECTRIC service through one of these utilities in order to receive an ELECTRIC rebate.*) \*Gas rebates are not available in Rochester.
- Equipment installations must meet our **Minimum Efficiency Requirements** to qualify for a rebate. Gas Appliances Manufacturers Association (GAMA), Air-conditioning & Refrigeration Institute (ARI), Center for Energy Efficiency (CEE), and ENERGY STAR® standards are used. (Please refer to the appliance or equipment section of this rebate form for requirements and reference sources.)
- **Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from the previous year's purchases must be received by March 31.**
- 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.
- **Return the completed application and required documentation to your utility provider.**



**Austin Utilities**  
400 - 4th Street NE  
Austin, MN 55912-3495  
(507) 433-8886  
(507) 433-5045 fax  
www.austinutilities.com

**Owatonna Public Utilities**  
P.O. Box 800  
Owatonna, MN 55060-0800  
(507) 451-2480  
(507) 451-4940 fax  
www.owatonnautilities.com

**Rochester Public Utilities**  
4000 East River Road NE  
Rochester, MN 55906-2813  
(507) 280-1500  
(507) 280-1542 fax  
www.rpu.org

### **ATTENTION! ALL THE FOLLOWING SUPPORT ITEMS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.**

- ✓ **FOR ALL REBATES**, applicants must include a final, detailed copy of the original sales receipt/invoice/picking slip, which must include the customer name, date of sale, manufacturer name, model number, and date of installation.
- ✓ **FOR COMPACT FLUORESCENT BULB (CFL) REBATES**, applicant must also include the CFL packaging which must include the ENERGY STAR® logo and bulb wattage (*in addition to items listed above*).
- ✓ **FOR DEHUMIDIFIER, FREEZER, REFRIGERATOR, and/or ROOM AC RECYCLING REBATES**, applicant must include proof of recycling from retailer or county recycling center showing the fee paid (*in addition to items listed above*).

 **SIGNATURE:**  
I certify that I have read, understand, and agree to the Terms and Conditions of this rebate application and that all equipment has been installed.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY** ID \_\_\_\_\_ Appliance or Equipment \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Approved By & Date \_\_\_\_\_ Total Rebate Amount \$

## TEAMING UP



an enfinity energy partner

## TO SAVE YOU MONEY!



## 2. CUSTOMER INFORMATION (please print)

### SECTION 2 MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED

Customer Name \_\_\_\_\_ Home Phone Number (with area code) \_\_\_\_\_ Daytime Phone Number (with area code) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Installation address (if different from mailing address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Account Number \_\_\_\_\_ Location Number \_\_\_\_\_

Please apply rebate to my account.  Please send me a rebate check. **(Any rebate \$25 and under will be credited to your account.)**

How did you hear about **CONSERVE & SAVE**?  Radio  TV  Newspaper  Billboard  Retailer/Vendor  Contractor  
 Utility Representative  Utility Mailing  Utility Newsletter  Utility Web Site  Other \_\_\_\_\_

**REQUIRED:** I am a:  **Residential** Customer  
 Owner/Occupant  
 Owner/Non-Occupant  
 Renter

I am a:  **Commercial** Customer  
 Owner/Occupant  
 Owner/Non-Occupant  
 Renter

**OFFICIAL USE ONLY**  
 Gas  
 Electric  
 Water

**My home/business is heated by:**  Electric  Gas  Don't Know

**My water heating is:**  Electric  Gas  Don't Know

Number of People in Household	Annual Household Income
1	\$20,122
2	\$26,313
3	\$32,505
4	\$38,697
5 or more	\$44,888

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- 1) Find your household size on the table to the left.
- 2) Determine your annual household income, before taxes, including pension, social security, etc.
- 3) Is your household income above or below the amount corresponding to your household size in this table?  **above**  **below**

(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)

## 3. RETAILER/CONTRACTOR INFORMATION (please print)

Retailer's/Contractor's Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Installer's Name (**write SELF if customer installed**) \_\_\_\_\_

Type of Appliance/Equipment Installed \_\_\_\_\_

Retailer's/Contractor's Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number (with area code) \_\_\_\_\_

Installer's Name (**write SELF if customer installed**) \_\_\_\_\_

Type of Appliance/Equipment Installed \_\_\_\_\_



# 2008 ENERGY STAR® REBATES

All Minimum Efficiency Requirements are ENERGY STAR label. ([www.energystar.gov](http://www.energystar.gov))

## CLOTHES WASHERS

ELECTRIC, WATER, & NATURAL GAS\* REBATE: \$25-\$100

Note: Rebate is calculated at \$50 for electric, \$25 for water, \$25 for gas\*. (Examples: Electric Only = \$50, Electric & Water = \$75, Electric, Water, & Gas\* = \$100.)

Manufacturer's Name: \_\_\_\_\_

Model #: \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

\*Natural Gas Rebate not applicable in Rochester

OFFICE USE ONLY

Electric Rebate Total: \$ \_\_\_\_\_

Water Rebate Total: \$ \_\_\_\_\_

Gas\* Rebate Total: \$ \_\_\_\_\_

## COMPACT FLUORESCENT BULBS

REBATE: 50% of bulb or package cost (Must include packaging with ENERGY STAR logo and bulb wattage)

Manufacturer's Name: \_\_\_\_\_

Model #: \_\_\_\_\_ Number of Bulbs: \_\_\_\_\_ Wattage: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## DEHUMIDIFIERS

PURCHASE & RECYCLE REBATE: \$65 (Recycling of a non-failed unit is required for this rebate. Must include recycle receipt.)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_ Capacity (Pints/Day): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## DISHWASHERS

REBATE: \$25

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

Rebate Total: \$ \_\_\_\_\_



# 2008 ENERGY STAR® REBATES continued...

All Minimum Efficiency Requirements are ENERGY STAR label. ([www.energystar.gov](http://www.energystar.gov))

## FREEZERS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$50 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED?  NO  YES (Must include recycle receipt)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_ Size in Cubic Feet: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## LIGHT FIXTURES

REBATE: \$15 (Must include packaging with ENERGY STAR logo)

TYPE:  Hardwired CFL fixtures (no portable or table lamps)  Torchiere  Ceiling fans with pin style CFL lighting  Pin style CFL light kits for ceiling fans

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## REFRIGERATORS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$50 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED?  NO  YES (Must include recycle receipt)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_ Size in Cubic Feet: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## ROOM AIR CONDITIONERS

REBATE: \$25; BONUS RECYCLE REBATE: up to \$25 (Recycling rebate only applies to replacement of a non-failed unit.)

RECYCLED?  NO  YES (Must include recycle receipt)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Rated Efficiency (EER): \_\_\_\_\_ Size or Capacity (Btu/hr output): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

# 2008 ELECTRIC REBATES

Central Air Conditioners, Geothermal Heat Pumps, Air Source Heat Pumps, Furnace Fan Motors, and Custom

## CENTRAL AIR CONDITIONERS

**MINIMUM EFFICIENCY REQUIREMENTS: SEER greater than or equal to 14.0; ARI listed**

(ARI=Air Conditioning & Refrigeration Institute)

REBATE: \$200 (SEER greater than or equal to 14.0) Each additional full point SEER = \$75

(SEER=Seasonal Energy Efficiency Rating) (www.aridirectory.org)

Condenser Model #: \_\_\_\_\_

Manufacturer's Name: \_\_\_\_\_

**ARI Reference # (required):** \_\_\_\_\_

A-coil Model #: \_\_\_\_\_

Manufacturer's Name: \_\_\_\_\_

Rated Efficiency (SEER by ARI): \_\_\_\_\_

Size or Capacity (Btu/hr output): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

Rebate Total: \$ \_\_\_\_\_

## GEOTHERMAL HEAT PUMPS

**MINIMUM EFFICIENCY REQUIREMENTS: EER greater than or equal to 14.1; Water-to-Air Heat Pumps must also be ARI Listed and a 2-stage unit**

REBATE: \$200 per Ton + \$150 per EER over 14.1 + \$250 per desuperheater

(EER=Energy Efficiency Rating) (www.aridirectory.org)

### Water-to-Air Heat Pump

Water-to-Air Heat Pump: The efficiency ratings are determined using the Air Conditioning and Refrigeration Institute's (ARI) directory, which may be found at [www.aridirectory.org](http://www.aridirectory.org).

Manufacturer's Name: \_\_\_\_\_

Model #: \_\_\_\_\_

Rated Efficiency (1st Stage EER by ARI): \_\_\_\_\_

**ARI Reference # (required):** \_\_\_\_\_

Desuperheater?:  Yes  No

Size or Capacity (Tons): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Total Cost of Project: (materials, labor, etc.) \$ \_\_\_\_\_

Loop Type:  Horizontal  Vertical  Slinky

Water Heating:  Electric  Gas Size of Water Heater in Gallons: \_\_\_\_\_

Supplemental Heat Installed:  No  Yes: kW \_\_\_\_\_

**Why was this purchased?**

To replace a:  failed unit  non-failed unit  new – no previous unit

### Water-to-Water Heat Pump

Water-to-Water Heat Pump: The efficiency ratings are verified using manufacturer specifications, which clearly demonstrate the Entering Water Temperature (EWT), Gallons Per Minute (GPM) water flow, and the associated EER rating.

Manufacturer's Name: \_\_\_\_\_

Model #: \_\_\_\_\_

Rated Efficiency (EER): \_\_\_\_\_

Entering Water Temp: \_\_\_\_\_

Gallons Per Minute: \_\_\_\_\_

Desuperheater?:  Yes  No

Size or Capacity (Tons): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Total Cost of Project: (materials, labor, etc.) \$ \_\_\_\_\_

Loop Type:  Horizontal  Vertical  Slinky

Water Heating:  Electric  Gas Size of Water Heater in Gallons: \_\_\_\_\_

Supplemental Heat Installed:  No  Yes: kW \_\_\_\_\_

**Why was this purchased?**

To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

Savings: \_\_\_\_\_ kWh \_\_\_\_\_ kW

(For additional units, please list and attach separate sheet.)

# 2008 ELECTRIC REBATES continued...

## AIR SOURCE HEAT PUMPS

**MINIMUM EFFICIENCY REQUIREMENTS:** SEER greater than or equal to 14.0 and HSPF greater than or equal to 8.2 for Split Systems  
SEER greater than or equal to 14.0 and HSPF greater than or equal to 8.0 for Packaged Units

REBATE: \$200 (SEER greater than or equal to 14.0)  
Each additional full point SEER = \$75

(SEER=Seasonal Energy Efficiency Rating) (www.aridirectory.org)  
(ARI=Air Conditioning & Refrigeration Institute) (HSPF=Heating Seasonal Performance Factor)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_  Split System -OR-  Packaged Unit

**ARI Reference # (required):** \_\_\_\_\_ Rated Efficiency (SEER by ARI): \_\_\_\_\_ Number of Units Installed: \_\_\_\_\_

HSPF: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

Rebate Total: \$ \_\_\_\_\_

## FURNACE FAN MOTORS Variable Speed Drive (VSD) / Electronically Commutated Motor (ECM)

(NEW FURNACE INSTALLATIONS ONLY)

**MINIMUM EFFICIENCY REQUIREMENTS:** 92% AFUE Furnace; GAMA Eae\*\* less than or equal to 350 kWh/yr (GAMA=Gas Appliance Manufacturers Association)

REBATE: \$50

(AFUE=Annual Fuel Usage Efficiency; Eae=Energy annual efficiency) (www.gamanet.org)

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_

**GAMA ID # (required):** \_\_\_\_\_ Rated Efficiency (GAMA Eae): \_\_\_\_\_ Rated Efficiency (GAMA AFUE): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

Rebate Total: \$ \_\_\_\_\_

## CUSTOM ELECTRIC PROGRAM

**MINIMUM EFFICIENCY REQUIREMENTS:** Determined by energy savings on equipment or appliances as documented by third party testing

NOTE: May require up to 10 weeks or more to process rebate

Description of Improvements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calculated Annual Electric Energy Savings: \_\_\_\_\_ Calculated Reimbursement: \$ \_\_\_\_\_

Date of Installation: \_\_\_\_\_

OFFICE USE ONLY

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

Rebate Total: \$ \_\_\_\_\_

Savings: \_\_\_\_\_ kWh \_\_\_\_\_ kW

**Must have greater than 1 year, and less than a 6 year payback.**

**Fuel switching technologies are excluded on retrofits.**

**Attach third party testing documentation with necessary information for calculating savings.**

# 2008 NATURAL GAS REBATES

**NOT AVAILABLE IN ROCHESTER** For Natural Gas Rebates in Rochester, visit [www.minnesotaenergyresources.com](http://www.minnesotaenergyresources.com).

## BOILERS

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85%**

REBATE: AFUE greater than or equal to 85% = \$100; greater than or equal to 90% = \$200; greater than or equal to 95% = \$300; Boilers with indirect fire water heater = \$100 additional

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) ([www.gamanet.org](http://www.gamanet.org))

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (GAMA AFUE): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## FURNACES – NEW CONSTRUCTION

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 94%**

REBATE: \$100

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) ([www.gamanet.org](http://www.gamanet.org))

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (GAMA AFUE): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## FURNACES – RETROFIT

**MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 92%**

REBATE: AFUE of 92% = \$100; AFUE greater than or equal to 94% = \$200

(GAMA=Gas Appliance Manufacturers Association)

(AFUE=Annual Fuel Usage Efficiency) ([www.gamanet.org](http://www.gamanet.org))

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr output): \_\_\_\_\_ Rated Efficiency (GAMA AFUE): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## INSTANTANEOUS (TANKLESS) WATER HEATERS

**MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.8; BTU Input greater than or equal to 175,000**

REBATE: \$200

(GAMA=Gas Appliance Manufacturers Association)

(EF=Energy Factor) ([www.gamanet.org](http://www.gamanet.org))

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Heating Capacity (Btu/hr input): \_\_\_\_\_ Rated Efficiency (GAMA EF): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

## PROGRAMMABLE THERMOSTATS

Rebate cannot exceed the cost of the thermostat.

REBATE: \$25

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY

Rebate Total: \$ \_\_\_\_\_

# 2008 NATURAL GAS REBATES continued...

**NOT AVAILABLE IN ROCHESTER** For Natural Gas Rebates in Rochester, visit [www.minnesotaenergyresources.com](http://www.minnesotaenergyresources.com).

## TANK WATER HEATERS – RETROFIT

**MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.63**

REBATE: \$75

(GAMA=Gas Appliance Manufacturers Association)  
(EF=Energy Factor) ([www.gamanet.org](http://www.gamanet.org))

Manufacturer's Name: \_\_\_\_\_ Model Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Storage Gallons: \_\_\_\_\_ Rated Efficiency (GAMA EF): \_\_\_\_\_

Number of Units Installed: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Why was this purchased? To replace a:  failed unit  non-failed unit  new – no previous unit

OFFICE USE ONLY
Rebate Total: \$ _____

## CUSTOM NATURAL GAS PROGRAM

*NOTE: May require up to 10 weeks or more to process rebate*

**MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing.**

Description of Improvements: \_\_\_\_\_

Calculated Annual Gas Energy Savings: \_\_\_\_\_ Calculated Reimbursement \$ \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**Must have greater than 1 year, and less than a 6 year payback.**

**Fuel switching technologies are excluded on retrofits.**

**Attach third party testing documentation with necessary information for calculating savings.**

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

# 2008 BUILDING SHELL REBATES

(Not available for unconditioned areas, i.e., garages and unheated sun porches.)

**NOT AVAILABLE IN ROCHESTER**

## ATTIC INSULATION (Retrofit only)

**MINIMUM EFFICIENCY REQUIREMENTS: Ending R value must be 38 or greater.**

REBATE: see chart

Description of Insulation Improvements: \_\_\_\_\_

Manufacturer's Name: \_\_\_\_\_

My furnace is:  New  Old Furnace's Approximate Efficiency % \_\_\_\_\_

I/Contractor certifies that \_\_\_\_\_ inches of \_\_\_\_\_ (type) attic insulation

for a **total added R-value** of \_\_\_\_\_ over the **existing R-value** of \_\_\_\_\_ for a

**total combined R-value** of \_\_\_\_\_ covering \_\_\_\_\_ square feet was installed.

Initial R-Value	Rebate per Sq. Ft.
0 – 5	\$0.08
6 – 11	\$0.07
12 – 19	\$0.06
20+	\$0.05

Contractor (Owner if Self-Installed) Signature: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf



When purchasing any type of electric or gas equipment, look for the ENERGY STAR® logo!