CONSERVE & $AVE™

COMMERCIAL COMPRESSED AIR LEAK CORRECTION REBATE APPLICATION

SECTION A. CUSTOMER INFORMATION (please print)

Account Name | Doing Business As (if different from Account Name)

Installation Address | City | State (MN) | Zip Code

Mailing Address (if different from above) (rebate check will be mailed here) | City | State (MN) | Zip Code

Account Number

☐ **Send us a rebate check.** ☐ **Apply rebate to our account.**
(Rebates $75 and under will be applied to your account. If a box is not checked a bill credit will automatically be issued.)

Type of Business: ☐ Church ☐ Government ☐ Grocery ☐ Health ☐ Industrial ☐ Lodging ☐ Multi-family ☐ Office ☐ Restaurant ☐ Retail ☐ School ☐ Other_____

How did you hear about CONSERVE & SAVE™? ☐ Billboard ☐ Chamber of Commerce ☐ Contractor ☐ Newspaper ☐ Radio ☐ Retailer/Vendor ☐ Social Media ☐ TV ☐ Utility Newsletter ☐ Utility Representative ☐ Utility Web Site ☐ Other_____

SECTION B. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

Contact Name (rebate check will be mailed to contact) | Daytime Phone Number

Email

By typing my first and last names in the box below, I am signing this document and certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature | Date

☐ **Check here if you DO NOT give us permission to use your business name in advertising our CONSERVE & SAVE™ programs.**

SECTION C. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name

Address | City | State (MN) | Zip Code

Contact Name | Daytime Phone Number

Email

TEAMING UP TO SAVE YOU MONEY

AUSTIN UTILITIES — Connections for Better Living®

OWATONNA PUBLIC UTILITIES

CONSERVE & $AVE™

OFFICE USE ONLY

Date Received:_____

Inspected (Date & Initials): Pre:_____ **Post:**_____

Approval:_____

Date:_____

A/N:_____

TOTAL REBATE:

$

SECTION D. REBATE INFORMATION

Project Restrictions:
- **Leak surveys must be conducted with an ultrasonic leak detector.**
- **Initial and follow-up survey results must be included with rebate form.**
- **Follow-up survey must be completed within six months of the initial leak survey.**
- **The follow-up survey must document that at least 50% of the leaks have been repaired.**

AIR COMPRESSOR INFORMATION				INITIAL LEAK SURVEY INFORMATION		
A **Compressor Type** (Enter Code from Table 1)	B **Control Type** (Enter Code from Table 2)	C **Total Compressor HP (excluding backups)** (minimum 10 HP total)	D **Annual Hours of Compressor Operation** (minimum 2,000)	E **Who Performed Leak Survey?** (check one)	F **Date Performed**	G **Number of Leaks Identified**
				☐ Self ☐ Contractor		

FOLLOW-UP LEAK SURVEY INFORMATION					REBATE	
H **Who Performed Leak Survey?** (check one)	I **Date Performed** (repairs & follow-up within 60 days of "F")	J **Number of Leaks Repaired**	K **% of Leaks Repaired** (J ÷ G) (must be minimum of 50%)	L **CFM Reduction from Repaired Leaks**	M **Rebate per Compressor HP** (Table 3)	N **Total Rebate** (C x M)
☐ Self ☐ Contractor						

TABLE 1

Code	Compressor Type
SA	Single-Acting Reciprocating Air Compressor
DA	Double-Acting Reciprocating Air Compressor
LI	Lubricant-Injected Rotary Screw Compressor
LF	Lubricant-Free Rotary Screw Compressor
C	Centrifugal Compressor

TABLE 2

Code	Control Type
IVM	Inlet Valve Modulated
VD	Variable Displacement
VSD	Variable Speed Drive

TABLE 3 (use value in Column K to determine rebate)

Description	Rebate per HP
At least 50% of leaks repaired	$4
At least 60% of leaks repaired	$5
At least 70% of leaks repaired	$6
At least 80% of leaks repaired	$7
At least 90% of leaks repaired	$8
100% of leaks repaired	$9

SECTION E. TERMS AND CONDITIONS

1. **ELIGIBILITY**
   Rebates are available to non-residential electric customers of Austin Utilities and Owatonna Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory.
2. **APPLICATION**
   Program is offered January 1 through December 31 of the respective calendar year. **Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-served basis.** The entire rebate application must be read and filled out completely or application will be returned.
3. **INSPECTION AND VERIFICATION**
   The Utility reserves the right to inspect the customer's facility through on-site visits before and after leak repairs to verify rebate eligibility. The Utility reminds you to follow all local permitting and building code ordinances.
4. **INVOICE AND PAYMENT**
   When leak repairs are completed, the customer must submit leak surveys with the dates they were conducted and the results. The follow-up survey must be completed within six months of the initial leak survey. After satisfactory review of the application and surveys, a rebate check or bill credit will be issued to the customer. Vendors or contractors are not eligible to receive their customer's rebate. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit. The Utility reserves the right to apply the rebate to past due accounts.
5. **EQUIPMENT AND REBATE ELIGIBILITY REQUIREMENTS**
   Customers are eligible to receive a rebate for repairing compressed air leaks if they meet the following requirements:
   a) Customers must have a total of at least 10 horsepower of air compressors (excluding backup units) that operate at least 2,000 hours per year.
   b) Customers must document and verify they have repaired at least 50% of the compressed air leaks identified during their leak survey.
   c) Customers must complete repairs and perform follow-up leak survey within 60 days of initial survey.
   A rebate will not be paid more than once per year for repairing the same leak.
6. **TAX INFORMATION**
   The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for details.
7. **DISCLAIMER**
   The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at 800-657-3864.
8. **ENDORSEMENT**
   The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.
9. **PRIVACY**
   Information contained in this rebate application may be shared with the Minnesota Department of Commerce and Utility partners and also may be used in our advertising efforts with your permission as granted in Section B of this rebate application.

MAIL OR EMAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

Austin Utilities
Attn: Rebate Processing
1908 14th St NE
Austin, MN 55912-4904
507-433-8886
www.austinutilities.com
rebates@austinutilities.com

Owatonna Public Utilities
Attn: Rebate Processing
PO Box 800
Owatonna, MN 55060
507-451-2480
www.owatonnautilities.com
rebates@owatonnautilities.com