



AUDIT RECOMMENDED IMPROVEMENTS

2025 Energy Efficiency Rebate Form

www.peoplesenergy.coop ■ (800) 214-2694

rebates@peoplesenergy.coop ELIGIBILITY CRITERIA

- Member may qualify for up to \$500 for implementing measures recommended during an audit.
- Building undergoing audit must be on Cooperative lines and requestor must be a member of the Cooperative.
- Professional labor costs for improvements can be included. The cost of the audit cannot be included.
- Energy efficiency improvements must be recommendations from an audit arranged by the Cooperative or a Cooperative-approved partner. The audit must be a comprehensive audit with a written report.
- Each member account qualifies for only one rebate every five years, regardless of the number of audits performed.
- Improvements must be completed in their entirety within 24 months of the audit date to qualify for rebate.
- Implemented project must result in electrical or delivered fossil fuel (oil, LP) reduction or efficiency.
- This program only applies to efficiency upgrades that we do not already have a rebate offer in place.
- Rebates are in place through December 31, 2025, or until funds are depleted.
- All documentation listed below must be submitted no later than three (3) months after recommended improvement install date. Rebate offer in current calendar year will be utilized, if still available. Apply for rebate in the calendar year the improvements are completed, regardless of the date of the audit. Additional eligibility criteria may apply.
 - This rebate form fully completed
 - ✓ A copy of your receipt or invoice for each improvement
 - Copy of the audit documentation (must include written report)
 - Documentation showing improvements have been implemented

Submit required documentation to: 1775 Lake Shady Ave South, Oronoco, MN, 55960 or rebates@peoplesenergy.coop

MEMBER INFORMATION

(Please fill out entire section)									
Member Name			Email						
				Email addresses are used for cooperative communications.					
Address				Account		Phone			
City		State	Zip	Date	Member Signature				
Rebate for:	□Residential	 ⊡Farn	n						

AUDIT INFORMATION

(Please fill out entire section)						
Date of Service:	Service Performed by: □Home	gy Manager				
Service Provider Name:	Service Provider Phone:	Service Provider Email:				
Water Heater Fuel Type: □Electric □LP □Other:	Home Heating Fuel Type: □Electric □LP □Fuel Oil	□Other:				
Energy Efficiency Improvements			Cost			
1						
2						
3						
4						
5						
6						
Total Cost of Improvements (Sum of lines 1 through 6):						
Total Rebate Amount Requested						
(enter the amount entered on the previous line, or \$500, whichever is less):						

OFFICE USE ONLY									
Approved Not Approved - Reason:		Legacy							
I certify the rebates requested meet the eligibility criteria listed above.									
Cooperative repr	esentative:	Date:	Total rebate issued: \$						