

## **AUDIT RECOMMENDED IMPROVEMENTS**2016 Energy Efficiency Rebate Form

www.peoplesenergy.coop ■ (800) 214-2694 memberservices@peoplesrec.com

## **ELIGIBILITY CRITERIA**

- Member may qualify for up to \$500 for implementing measures recommended during an audit or assessment.
- Rebate not to exceed 50% of the cost of energy efficiency improvements. Professional labor costs can be included. The cost of the audit cannot be included.
- ❖ Audit must be arranged by your cooperative or a cooperative approved partner.
- Building undergoing audit must be on the Cooperative's lines.
- Audit qualifies for only one rebate (additional improvements completed in a later year do not qualify for another rebate).
- Rebates are in place through December 31, 2016, or until funds are depleted.
- Improvements must be completed within 24 months of the audit date.
- Applying for other rebates is encouraged. For example, audit recommended lighting improvements may also qualify for the lighting rebate.
- All documentation listed below must be submitted no later than 6 months after measure install date. Apply for rebate in the calendar year the improvements are completed, regardless of the date of the audit.
  - This Rebate Form
  - A copy of your receipt or invoice for each improvement
  - Copy of the audit documentation

Submit required documentation to: 1775 Lake Shady Avenue South, Oronoco, MN, 55960 or memberservices@peoplesrec.com

MEMBER INFORMATION (Please fill out entire section)								
Member Name			Email					
			Email addresses will be used for cooperative communication only, including eNewsletters filled					
			with energy saving tips. Opting out now or in the future is always available.   Opt out Now					
Address			Account			Phone		
City	State	Zip	Date Member		Signature			
Rebate for : Residential Farm			Commercial Industrial		Institution/Government			
AUDIT OR ASSESSMENT INFORMATION (Please fill out entire section)								
Date of audit or assessment	Service Performed by: Home Aud			ditor Certified Energy Manager				
Auditor Name:			Auditor Phone:		Auditor Email:			
Water heater fuel type: E	Home heating fuel type:			el Oil 🔲 Ot	her:			
Recommended measures implemented to qualify for the audit or assessment rebate (50% of the cost up to \$500):								
1								
2								
3								
4								
5								
Total Cost of Improvements (Sum of lines 1 thru 5):								
50% of Total Cost of Improvements (Enter 50% of the amount entered on the previous line):								
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 SMEC								
I certify the requested rebate meets the eligibility criteria listed above.								
Cooperative representative:		Date:			Total rebate issued: \$			