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|  | | | | | **COMPRESSED AIR AUDIT** | | | | | | |
| *This institution is an equal opportunity provider.* | | | | **2021 Energy Efficiency Incentive Form** | | | | | |
| **ELIGIBILITY CRITERIA** | | | | | | | | | | |
| * Building undergoing audit must be on cooperative’s lines. * Incentive not to exceed the cost of the audit, up to $500. * Audit must be performed by a Professional Engineer, Certified Energy Manager, or a cooperative pre-approved partner. * Incentives are in place through December 31, 2021. Funds are limited so submit required documentation as soon as possible. * Required documentation must be submitted within 3 months of audit date. If submitted after December 31, 2021, audit will be considered for the 2022 incentive if offered. * Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details. * Required documentation listed below must be submitted no later than 3 months after the audit date.   + - This incentive form     - Copy of the audit documentation   **Submit required documentation to:**  ***Allamakee-Clayton Electric Cooperative  PO Box 715***  ***Postville, IA 52162-0715* |** ***email*** [***rwagner@acrec.coop***](file:///H:\Rebates\2021%20Rebate%20Forms\rwagner@acrec.coop) | | | | | | | | | | |
| **MEMBER INFORMATION**  *(Please fill out entire section)* | | | | | | | | | | |
| Member Name | | | | Email    *Email addresses will be used for cooperative communication only.* | | | | | | |
| Address | | | | Account | | | Phone | | | |
| City | State | Zip | | Date | | | Member Signature | | | |
| Incentive for: Commercial Industrial Institution/Government Other: | | | | | | | | | | |
| **AUDIT INFORMATION** *(Please fill out entire section)* | | | | | | | | | | |
| Date of Audit | | | Cost of Audit | | | | | | | |
| Performed by: Professional Engineer Certified Energy Manager Other: | | | | | | | | | | |
| Auditor Name | | | Auditor Phone | | | Auditor Email Address | | | | |
| **Recommended Energy Efficiency Steps Taken:** | | | | | | | | | | |
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| **Total Incentive Amount Requested:** | | | | | | | | |  | |
| **OFFICE USE ONLY** | | | | | | | | | | |
| Approved  Not Approved-Reason: | | | | | | | | Total Incentive Issued: $ | | |
| Cooperative Representative: | | | | | | | | Date: | | |