|  |  |
| --- | --- |
|  |  **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%3A%5CRebates%5C2021%20Rebate%20Forms%5Crwagner%40acrec.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:** |
|       |
|       |
|       |
|       |
|       |
| **Total Incentive Amount Requested:** |       |
| **OFFICE USE ONLY** |
| [ ]  Approved [ ]  Not Approved-Reason:  | Total Incentive Issued: $ |
| Cooperative Representative: | Date: |