

Electric\$ense

WATER HEATERS



This institution is an equal opportunity provider.

2024 Energy Efficiency Incentive Form

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines.
- Incentive not to exceed the equipment cost.
- Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- Required documentation must be submitted within 3 months of install date.
- 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 install date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ Documentation showing the equipment has been installed

Submit required documentation to: Allamakee-Clayton Electric Cooperative

PO Box 715

Postville, IA 52162-0715 | email: 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: Residential Farm Commer									
INCENTIVE INFORMATION (Please fill in gray shaded boxes for requested incentives)									
Equipment			Sį	pecifications		Equipment Cost	Quantity	Incentive	Total Quantity x Incentive
Residential High Efficiency Water Heater		er Unit	75-99 gallons Uniform Energy Factor ≥ .88 Must be on load control as defined by cooperative					\$150	
Residential High Efficiency Water Heater		er Unit	100+ gallons Uniform Energy Factor ≥ .88 Must be on load control as defined by cooperative					\$300	
Commercial Water Heater		Mus	75-99 gallons Must be on load control as defined by cooperative					\$150	
Commercial Water Heater		Mus	+ gallons t be on load co perative	ontrol as defined by				\$300	
Heat Pump Water Heater			grated (all-in-o orm Energy Fa	•				\$300	
Total Incentive Amount Requested:									
OFFICE USE ONLY									
Approved Not Approved - Reason:								Total Incentive Issued: \$	
Cooperative Representative:								Date:	