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| ***Bayfield Electric Cooperative*** |  **COMPRESSED AIR AUDIT** |
| *This institution is an equal opportunity provider.* |  **2020 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, 2020. 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, 2020, audit will be considered for the 2021 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:** ***Bayfield Electric Cooperative*** ***PO Box 68*** ***Iron River, WI 54847*** |
| **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 |
| 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: |

