

## Electric\$ense

## **COMPRESSED AIR AUDIT**

**2023 Energy Efficiency Incentive Form** 

This institution is an equal opportunity provider.

## **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, 2023. Funds are limited so submit required documentation as soon as possible.
- Required documentation must be submitted within 3 months of audit 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 the audit date.
  - This incentive form
  - ✓ Copy of the audit documentation

Submit required documentation to: Bayfield Electric Cooperative, P.O. 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. |                            |                     |
| Address   |  | Account  |                            | Phone               |
| City State Zip  |  | Date   |                            | Member Signature    |
| Incentive for: Commercial Industrial Institution/Government Other:  |  |  |                            |                     |
| AUDIT INFORMATION (Please fill out entire section)                  |  |  |                            |                     |
| te of Audit Cost of Audit   |  | udit   |                            |                     |
| Performed by: Professional Engineer Certified Energy Manager Other: |  |  |                            |                     |
| ditor Name Auditor Pl   |  | r Phone  | Auc                        | litor Email Address |
|   |  |  |                            |                     |
| Recommended Energy Efficiency Steps Taken:                          |  |  |                            |                     |
|   |  |  |                            |                     |
|   |  |  |                            |                     |
|   |  |  |                            |                     |
|   |  |  |                            |                     |
|   |  |  |                            |                     |
| Total Incentive Amount Requested:                                   |  |  |                            |                     |
| OFFICE USE ONLY   |  |  |                            |                     |
| Approved Not Approved-Reason:                                       |  |  | Total Incentive Issued: \$ |                     |
| Cooperative Representative:   |  |  |                            | Date:               |