



Chippewa Valley Electric Cooperative

A Touchstone Energy® Cooperative 

This institution is an equal opportunity provider.

COMPRESSED AIR AUDIT

2022 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, 2022. 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.
- ❖ Please allow up to 2 months for rebate to be credited to your bill.
- ❖ **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: cvec@cve.coop or CVEC • Attn: Rebates • PO Box 575 • Cornell, WI 54732

MEMBER INFORMATION *(Please fill out entire section)*

| | | | | |
|--|-------|-----|---|------------------|
| Member Name | | | Email | |
| | | | <i>Email addresses will be used for cooperative communication only.</i> | |
| Address | | | Account | Phone |
| City | State | Zip | Date | Member Signature |
| Incentive for: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: | | | | |

AUDIT INFORMATION *(Please fill out entire section)*

| | | |
|--|---------------|-----------------------|
| Date of Audit | Cost of Audit | |
| Performed by: <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Certified Energy Manager <input type="checkbox"/> Other: | | |
| Auditor Name | Auditor Phone | Auditor Email Address |

Recommended Energy Efficiency Steps Taken:

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Total Incentive Amount Requested:

OFFICE USE ONLY

| | |
|---|----------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason: | Total Incentive Issued: \$ |
| Cooperative Representative: | Date: |