



# COMPRESSED AIR AUDIT

A Touchstone Energy® Cooperative 

## 2025 Energy Efficiency Incentive Form

### ELIGIBILITY CRITERIA

- ❖ Business and/or building undergoing audit of compressed air lines 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, 2025. 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](mailto: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:


**Total Incentive Amount Requested:**

### OFFICE USE ONLY

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

*This institution is an equal opportunity provider.*