

ELECTRIC HEATING SYSTEMS 2025 ENERGY EFFICIENCY INCENTIVE FORM

Smart choices save you cents today and make sense for a brighter tomorrow.

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines and be enrolled in PEC's load management strategy.
- Incentive not to exceed the **equipment** cost. Labor, shipping, and delivery are excluded.
- Installation must be performed by a qualified contractor. DIY installations do not qualify.
- 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 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: Price Electric Cooperative, PO Box 110, Phillips, WI 54555 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							
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Incentive for:	☐Institution/Government ☐Other:						
INCENTIVE INFORMATION (Please fill in gray shaded boxes for requested incentives)							
Equipment	Specifications		Size (only required for ETS units, round up to the nearest ½ KW)	Equipment Cost	Quantity	Incentive	Total Size x Quantity x Incentive
Electric Boiler	Must be enrolled in PEC's load management program.					\$50/KW (\$500 max)	
Electric Thermal Storage Unit	Must be enrolled in PEC's daily load management program.					\$150/KW	
Plenum Heater	Must be enrolled in PEC's load manage program.				\$50/KW (\$500 max)		
Total Incentive Amount Requested:							
ADDITIONAL INFORMATION (Please enter information below to qualify for incentive)							
Date Installed:	Unit Installed By:						
OFFICE USE ONLY							
Approved Not Approved - Reason:				Total Incentive Issued: \$			
Cooperative Representative:				Date:			