

ENERGY AUDITS

2025 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- Business and/or building undergoing audit must be on cooperative's lines.
- Incentive not to exceed the cost of the audit, up to \$500 for compressed air audit or \$350 for energy audit.
- Audit must be performed by a Professional Engineer, Certified Energy Auditor, 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.
- * 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: 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 | | | |
| Tay . Tay | | | | | | |
| City State Zip | | Date | Member | Signature | | |
| Incentive for: Commercial Industrial Institution/Government Other: | | | | | | |
| AUDIT INFORMATION (Please fill out entire section) | | | | | | |
| Date of Audit | of Audit | | | | | |
| Performed by: Professional Engineer Certified Energy Manager Other: | | | | | | |
| Auditor Name Audit | | tor Phone | Auditor Email | Auditor Email Address | | |
| | | | | | | |
| Type of Audit | | | | Incentive | Total | |
| Energy Audit (Residential Accounts) | | | | \$350 | | |
| Compressed Air Audit (Commercial & Industrial Accounts) | | | | \$500 | | |
| Recommended Energy Efficiency Steps Taken: | | | | | | |
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| Total Incentive Amount Requested: | | | | | | |
| OFFICE USE ONLY | | | | | | |
| Approved Not Approved-Reason: | | Total I | Total Incentive Issued: \$ | | | |
| Cooperative Representative: | | Date: | Date: | | | |