

Submit by mail or in person: 2099 Hwy 3 or PO Box 353 Clarion, IA 50525 For more information: 515-532-2805 or 800-728-0013 www.prairieenergy.coop

Insulation and Weatherization Rebate

For Office Use Only

Total Rebate				
Amount:				
Ceiling				
Foundation				
Wall				
Duct				
Veatherization				
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Program Criteria - All Information Must Be Completed To Receive Rebate

- Existing homes only (not new construction)

- Radiant barriers not eligible

Materials only (no labor)May be installed by member or professionalFor residences and outbuildings	 If no electric heat meter or central air conditioning - no rebate Maximum rebate is per structure per year Rebate application along with documentation must be submitted within 6 months of purchase 			
Member or Business Name	Account Number			
HVAC Type (required)	Insulation	Infiltration Control/Weatherization or Duct Insulation		
Metered electric heat and central A/C	40% of cost \$600 max/yr	40% of cost \$200 max/yr		
Metered electric heat/no central A/C	40% of cost \$600 max/yr	40% of cost \$200 max/yr		
Non-electric heat and central A/C	20% of cost \$300 max/yr	20% of cost \$100 max/yr		
	Insulation			
Must increase insulation lev	els to: Ceilings - R38, Foundation	s - R10, Walls - R19		
Area(s) Installed Location: (all that apply) Ceilings Foundations Wall		t Spent (materials only)		
Infiltra	tion Control/Weatherization			
Weatherization includes weatherstripping, foam sealing, window wrap, etc.				
Weatherization Amount Spent (materials only)				
Duct Insulation				
Duct insulation for ducts in non-conditioned spaces only				
Duct Insulation Amount Spent (materials only)				
HVAC Information				
Primary Heating System Geothermal heat pump Air source heat pump Natural gas/propa	ne Air source he	heat pump Window unit(s) eat pump None		
DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCI the member's location served by REC. REC reserves the right reserves the right to modify (including incentive levels) or tel	to inspect home/equipment and	verify this information before issuing a rebate. REC		

Member Signature	Date



Rebate Application

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Total Rebate	
Amount:	

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

Member	Information
Member Name	Address
City - State - Zip	Account Number
Phone (include area code: sample - 999-999-9999)	Email
Rebate Unit Inst	allation Information
Please answer questions based on t	he location where the unit was installed.
Location Installed	Structure Type
Same as above Other	Single Family Residence
(complete below)	Farm Outbuilding
Address	Business
City - State - Zip	Multi-Family Unit: apt/condo/duplex/etc.
	Rebate Unit Installed In
Install Date	New Construction Existing Structure
	Ownership
	Owned Leased
Installer (if applical	ble) or Purchased From
Business Name	Contact Name
City - State - Zip	Phone
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