

OPALCO COMMERCIAL INSULATION REBATE APPLICATION

Member Name:	Account No.
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Phone No.	Email Address
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Site Installation Address:

Mailing Address (if different):

Date of Installation:	Year Built:	Approx. Size of Building (sq ft):
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Type of Business:
<input type="checkbox"/> Office <input type="checkbox"/> School <input type="checkbox"/> Grocery <input type="checkbox"/> Retail <input type="checkbox"/> Food Service <input type="checkbox"/> Other – Please Describe <input type="text"/>

Primary Heat Source:
<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Electric Forced Air Furnace <input type="checkbox"/> Ductless Heat Pump <input type="checkbox"/> Ducted Heat Pump <input type="checkbox"/> Radiant

Other Heat Sources:
<input type="checkbox"/> Wood/Pellet Stove <input type="checkbox"/> Propane <input type="checkbox"/> Heating Oil <input type="checkbox"/> Other

Where did you hear about this program?
<input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Bill Insert <input type="checkbox"/> OPALCO Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media <input type="checkbox"/> OPALCO staff

Please include a copy of installers invoice for proof of installation, including the date installed, pre-and post-insulation R-values and square footage of insulation installed. Second page must also be completed.

TERMS & CONDITIONS

Complete application must be received within 6 months of the installation date to be considered for incentive. Building owners must comply with all applicable codes and regulations. Available to all active OPALCO members in good standing (no arrears balance). OPALCO reserves the right to inspect installation and will coordinate inspection as applicable. OPALCO is not responsible for any part of the appliance maintenance, power consumption, or any and all implied warranties (including but not limited to implied warranties or merchantability or fitness for a particular purpose) and shall not be responsible for any representation or promise with respect to the equipment, materials, or labor required for the installation of the appliance on the premises, or the cost of such equipment, materials and labor. Cannot be combined with other OPALCO rebate offerings. Additional conditions may apply. By signing below, the member implies that all information provided is true and accurate to the best of their knowledge.

MEMBER SIGNATURE

Signature of applicant:	Date:
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NEW INSULATION INFORMATION

	Space 1	Space 2	Space 3
Insulation location and value:	Attic/Roof <input type="checkbox"/> ≤R-5 and Above Wall <input type="checkbox"/> ≤R-5 to R-11 <input type="checkbox"/> ≤R-5 to R-19	Attic/Roof <input type="checkbox"/> ≤R-5 and Above Wall <input type="checkbox"/> ≤R-5 to R-11 <input type="checkbox"/> ≤R-5 to R-19	Attic/Roof <input type="checkbox"/> ≤R-5 and Above Wall <input type="checkbox"/> ≤R-5 to R-11 <input type="checkbox"/> ≤R-5 to R-19
Sq. feet of insulation installed:			
Installer name:			
Total installed cost including equipment, labor, electrical, tax, permit and other (prior to rebate): \$			

*Attic insulation is defined by insulation that is installed in the attic crawl space, typically on a horizontal surface. Roof insulation is defined by insulation that is installed in direct contact with the building's roof, typically a flat or slightly pitched surface.

EXISTING INSULATION INFORMATION

The primary heating system is electric and the existing insulation value is between R-0 and R-5

Payment

- Attic/Roof Insulation Payment Per Square Foot:
 - o ≤R-5 and Above: \$1.80
- Wall Insulation Payment Per Square
 - o ≤R-5 to R-11: \$0.80
 - o ≤R-5 to R-19: \$1.10