

OPALCO RESIDENTIAL INSULATION REBATE APPLICATION

Member Name:

Account No.

Phone No.

Email Address

Site Installation Address:

Mailing Address (if different):

Date of Installation:

Approx. Size of Home (sq ft):

Type of Home:

Single Family Manufactured Multi-Family Other

Occupancy Type:

Owner Occupied Rental Seasonal

Primary Heat Source:

Electric Baseboard Electric Forced Air Furnace Ductless Heat Pump Ducted Heat Pump Radiant

Other Home Heat Sources:

Wood/Pellet Stove Propane Heating Oil Other

Where did you hear about this program?

Friend Neighbor Bill Insert OPALCO Website Newspaper Social Media OPALCO staff

Please include a copy of contractor or installer invoice for proof of installation, including the date installed, pre-and post-insulation R-values, and square footage of installed insulation. Please include a completed Certificate of Insulation. 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. Homeowners 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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INSULATION INFORMATION

INSULATION	EXISTING R-VALUE	NEW R-VALUE	SQUARE FOOTAGE
Attic			
Floor			
Wall			

Installer name:

Total installed cost including equipment, labor, electrical, tax, permit and other (prior to rebate): \$

REQUIRED DOCUMENTATION

- Equipment or contractor invoice showing:
 - Order or purchase date
 - Cost
- Completed Certificate of Insulation