



HOME PERFORMANCE ASSESSMENT 2023 Energy Efficiency Rebate Form

Phone: 715-537-3171 or 800-322-1008
Fax: 715-637-1906
www.barronelectric.com

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM *(Please read)*

Home Performance Assessments

- ❖ Members will receive up to \$150.00 toward the cost of a Home Performance Assessment.
- ❖ BEC reserves the right to deny or limit any rebate/incentive.
- ❖ Assessment must be arranged by your cooperative or a cooperative approved partner.
- ❖ Building undergoing assessment must be on cooperative's lines.
- ❖ Rebates are in place through December 15, 2023 or until funds are depleted.
- ❖ Submit the documentation listed below no later than December 15, 2023, however, members are encouraged to submit as soon as possible to ensure rebate:
 - ✓ This rebate form
 - ✓ A copy of your assessment

Submit required documentation to: Barron Electric Cooperative, PO Box 40, Barron, WI 54812 Attn: Member Services

ACCOUNT INFORMATION *(Please fill out entire section)*

Member Name			Email		
			<i>Email addresses will be used for cooperative communication only. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i>		
Address			Barron Electric Account #		
City	State	Zip	Date	Member Signature	
Phone					
Rebate for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

ASSESSMENT INFORMATION *(Please fill out entire section)*

Date of assessment:	Cost of Assessment:		
What is the water heater fuel type?	<input type="checkbox"/> Electric	<input type="checkbox"/> LP	<input type="checkbox"/> Other:
What is the home heating fuel type?	<input type="checkbox"/> Electric	<input type="checkbox"/> LP	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other:
Who performed the audit or assessment?	<input type="checkbox"/> Home Auditor	<input type="checkbox"/> Certified Energy Manager	<input type="checkbox"/> Cooperative or Dairyland Staff
Auditor Name:	Phone:	Email Address:	
			Total Rebate Amount Requested:

OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved-Reason	
I certify the rebates requested are for equipment purchased and/or installed in 2023.		
Cooperative representative:	Date:	Total rebate issued: \$