



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

TOUCHSTONE ENERGY® HOME PROGRAM

2017 Energy Efficiency Rebate Form

(Dairyland Power Cooperative System Only)

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



- ❖ NOTE: The rebate amount for this program is \$500.
 - ❖ To qualify for the rebate:
 - ✓ A qualified rater or inspector* must verify and complete the Touchstone Energy Home checklist. A blower door test is required. Less than 3 air exchanges/hour at 50 Pascals is considered passing.
 - ❖ Must have electric water heater 50-gallons or larger, and be connected to one of Barron Electric Cooperative's load management programs.
 - *A qualified rater or inspector refers to a person who is knowledgeable in building standards, has experience in using blower door test equipment, and is approved by Barron Electric Cooperative.
 - ❖ New home must be on cooperative's lines.
 - ❖ Rebates are in place through December 15, 2017, or until funds are depleted.
 - ❖ Submit the documentation listed below no later than **December 15, 2017**, however, members are encouraged to submit as soon as possible to ensure rebate:
 - ✓ This Rebate Form
 - ✓ A copy of the checklist
 - ✓ **Submit required documentation to: Barron Electric Cooperative, PO Box 40, Barron, WI 54812**
- Attn: Member Services**

Section 1: MEMBER INFORMATION *(Please fill out entire section)*

| | | | | | |
|-------------|-------|-----|---------|--|--------------------------------|
| Member Name | | | Email | | |
| Address | | | Account | | Barron Electric Map Location # |
| | | | Date | | Member Signature |
| City | State | Zip | Phone | | |

Email addresses will be used for cooperative communication only, including eNewsletters filled with energy saving tips. Opting out now or in the future is always available. Opt out Now

Section 2: Touchstone Energy Home *(Please fill out entire section)*

I certify the home has met the requirements defined in the checklist.

| | | |
|----------------------|----------------------------------|--------------------------|
| Inspector or Builder | Inspector or Builder's Signature | Date of Final Inspection |
|----------------------|----------------------------------|--------------------------|

Section 3: BLOWER DOOR TEST VERIFICATION *(Please fill out entire section)*

| | | |
|--|---|--------------------------|
| I certify that the home has met the requirement of less than 3 air exchanges per hour at -50 Pascal. | Air Exchanges Per Hour | Date of Blower Door Test |
| Name of Person Performing Blower Door Test | Signature of Person Performing Blower Door Test | |

OFFICE USE ONLY

Approved Not Approved-Reason

I certify the home for which the rebate is requested has met the requirements of the above program/code requirements.

| | | |
|-----------------------------|-------|-------------------------|
| Cooperative representative: | Date: | Total rebate issued: \$ |
|-----------------------------|-------|-------------------------|