OPALCO COMMERCIAL INSULATION REBATE APPLICATION					
Member Name:		Account No.:			
Phone No.:	Email Address:				
Site Installation Address:					
Mailing Address (if different):					
Date of Installation: Year Built:	Approx. Size of Home (sq ft)): Service Type:			
	MILL OF	Residential Commercial			
Rebate is for:	Гуре of Home:				
		red Multi-Family Other			
Existing New Construction		red Multi-raininy Other			
Primary Heat Source:	1)				
☐ Electric Baseboard ☐ Electric Forced Air Furn	nace Ductless Heat Pump	Ducted Heat Pump Radiant			
Other Home Heat Sources:		Water Heat Source:			
☐ Wood/Pellet Stove ☐ Propane ☐ Heating O	il 🗌 Other	☐ Electric ☐ Gas			
Where did you hear about this program?					
☐ Friend ☐ Neighbor ☐ Bill Insert ☐ OPALCO Website ☐ Newspaper ☐ Social Media ☐ OPALCO staff					
Do you live at this residence full time? (yes / no) If yes, how many permanent occupants in the home?					
	oof of installation, including the	date installed, appliance specifications, and model numbers.			
Second page must also be completed.					
TERMS & CONDITIONS					
Complete application must be received within 1 year 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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EXISTING INSULATION INFORMATION					
The building is electrically heated:		The existing insulation R value is R-5 or less:			
Yes No (if "No", project is not eligible for incentives)		Yes No (if "No", project is not eligible for incentives)			
NEW INSULATION INFORMATION					
Insulation location and insulation type:	Space 1	Space 2	Space 3		
	Attic/Roof	Attic/Roof	Attic/Roof		
	Wall	Wall	Wall SR-5 to R-11 R-5 to R-19		
Sq. Ft. of insulation installed into space:					
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.

Requirements and Specifications

- This measure applies to retrofits only
- The building is electrically heated

Payment per Square Foot of Insulation

- Attic/Roof Insulation
 - \circ \leq R-5 to R19: \$1.35
 - \circ \leq R-5 to R-30: \$1.40
 - \circ \leq R-5 to R-49: \$1.50
- Wall Insulation
 - \circ \leq R-5 to R-11: \$0.75
 - o ≤R- to R-19: \$1.00

Required Documents

- Completed rebate application
- Product or contractor invoice showing:
 - o Product order or purchase date
 - Installed cost
- Completed Certificate of Insulation documenting pre and post R-values and square footage of installed insulation