

ElectricSense

WATER HEATERS

2024 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines.
- Incentive not to exceed the equipment cost.
- Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- Required documentation must be submitted within 3 months of install date.
- Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- Required documentation listed below must be submitted no later than 3 months after install date.
 - This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ Documentation showing the equipment has been installed

Submit required documentation to: Bayfield Electric Cooperative								
PO Box 68, Iron River, WI 54847								
MEMBER INFORMATION (Please fill out entire section)								
Member Name	Email							
			Email addresses will be used for cooperative communication only.					
Address			Account Phone					
City State		Zip	Date		Member			
,		F			ignature			
Incentive for: Residential	Farm	arm Commercial Industrial			Institution/Government Other:			
INCENTIVE INFORMATION (Please fill in gray shaded boxes for requested incentives)								
Equipment		Sį	pecifications		Equipment Cost	Quantity	Incentive	Total Quantity x Incentive
Residential High Efficiency Water Heat	75-99 gallons Uniform Energy Fa Must be on load co cooperative						\$150	
Residential High Efficiency Water Heat	er Unif Mus	+ gallons orm Energy Fac t be on load co perative	ctor ≥ .88 ntrol as defined by				\$300	
Commercial Water Heater	Mus	9 gallons t be on load co perative	ntrol as defined by				\$150	
Commercial Water Heater	100+ gallons Must be on load control as defined l cooperative						\$300	
Heat Pump Water Heater	ne) units ctor ≥ 2.20				\$300			
Total Incentive Amount Requested:								
OFFICE USE ONLY								
Approved Not Approved - Reason: Total Ince							Total Incentive Issu	ued: \$
Cooperative Representative: Date:							Date:	