

HOME ENERGY AUDIT WEATHERIZATION REBATE FORM

Audit Date: _____ Member Name: _____

Member Account #: _____ Cust #: _____ SML #: _____ CT#: _____ Serv Loc #: _____

Audit Location Address/City/State/Zip: _____

Member Home Phone: _____ Work Phone: _____ Cell Phone: _____

Member Mailing Address/City/State/Zip: _____

The cooperative will refund 50% (up to a maximum of \$500) of the cost of the repairs/improvements recommended by the Energy Services Advisor that were listed on the audit report. Please list each repair made and amount paid. This rebate form is for weatherization repairs/improvements only and members must have a current Energy Audit With Blower Door Testing completed by Co-Mo or approved Energy Services Advisor with specific recommendations to be eligible for this rebate. If you're interested in energy audit, appliance or heat pump rebates, you'll need to contact Co-Mo so they can send you the necessary forms for those specific rebate programs or download them from our website at www.co-mo.coop.

Energy Efficiency Measure Installed	Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
	Total \$ _____

Rebate Details/Instructions

- Metered location must use 6000 kWh annually. Net metered systems may be monitored for 12 months to verify annual usage before issuing rebate.
- Please allow 6 - 8 weeks for processing. Please keep a copy for your records.
- You must have a current Energy Audit With Blower Door Testing completed by Co-Mo or approved Energy Services Advisor with specific recommendations for weatherization repairs/improvements. The repairs/improvements must be made within one year of the audit date and the completed rebate form and sales receipts must be returned to Co-Mo within 90 days of purchase.
- You must have previously been approved for the Home Energy Audit With Blower Door Rebate.
- You must include an accurately reproduced copy of the original dated sales receipt with this rebate form.
- Sign and complete this rebate form in its entirety. Incomplete rebate forms will not be processed.
- Rebates will be credited to your electric bill.

RETURN COMPLETED REBATE FORMS & SALES RECEIPT COPIES WITHIN 90 DAYS OF PURCHASE TO:

Co-Mo Electric Coop., Inc. - Attn: Member Care Department - PO Box 220 - Tipton, MO 65081-0220

I certify that the repairs listed have been completed at the address above (audit location). I agree to allow a representative of the Cooperative to verify these repairs.

Signature: _____ **Date:** _____

For Office Use Only (Co-Mo)			
Date Received: _____	Account #: _____	Approved By: _____	Rebate: \$ _____