




# Jump River Electric Cooperative, Inc.

Since 1938

Your Touchstone Energy® Cooperative 

## COMPRESSED AIR AUDIT

### 2024 Energy Efficiency Incentive Form

*This institution is an equal opportunity provider.*

#### ELIGIBILITY CRITERIA

- ❖ Building undergoing audit must be on cooperative's lines.
- ❖ Incentive not to exceed the cost of the audit, up to \$500.
- ❖ Audit must be performed by a Professional Engineer, Certified Energy Manager, or a cooperative pre-approved partner.
- ❖ 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 audit date. If submitted after December 31, 2024 audit will be considered for the 2025 incentive if offered.
- ❖ 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 the audit date.
  - ✓ This incentive form
  - ✓ Copy of the audit documentation

**Submit required documentation to: PO Box 99, Ladysmith WI 54848**

#### MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email	
			<i>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. <input type="checkbox"/> Opt out Now</i>	
Address			Account	Phone
City	State	Zip	Date	Member Signature
Incentive for: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:				

#### AUDIT INFORMATION *(Please fill out entire section)*

Date of Audit		Cost of Audit		
Performed by: <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Certified Energy Manager <input type="checkbox"/> Other:				
Auditor Name		Auditor Phone	Auditor Email Address	

#### Recommended Energy Efficiency Steps Taken:


**Total Incentive Amount Requested:**

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#### OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved-Reason:	Total Incentive Issued: \$
Cooperative Representative:		Date: