

# Commercial Insulation Project Information Form

For Commercial, Industrial, and Agricultural Applications



Instructions: Complete this form and submit it to Fall River Rural Electric. Incentives are only available for retrofits; new construction projects are not eligible.

## BUSINESS AND SITE INFORMATION

|   |  |
|---|--|
| Customer Name                                   |  |
| Installation Address (Street, City, State, Zip) |  |
| Customer Phone Number                           |  |
| Building Type                                   | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Office, Small (Less than 5,000 square feet)<br><input type="checkbox"/> Office, Medium (5,000-50,000 square feet)<br><input type="checkbox"/> Retail, Small (Less than 5,000 square feet)<br><input type="checkbox"/> Retail, Medium (5,000-50,000 square feet)<br><input type="checkbox"/> Retail, Large (50,000-100,000 square feet) Lodging<br><input type="checkbox"/> Restaurant<br><input type="checkbox"/> School, K-12<br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Other |

## EXISTING EQUIPMENT INFORMATION

| Existing Equipment Information  | Space 1   | Space 2   | Space 3   |
|---|---|---|---|
| The building is electrically heated (e.g. electric resistance or heat pump) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) |
| The existing insulation R value is R-5 or less                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (If "No", project is not eligible for incentives) |

## NEW EQUIPMENT INFORMATION

| New Insulation Information  | Space 1   | Space 2   | Space 3   |
|---|---|---|---|
| Insulation location and insulation type (select only one per space) | Attic/Roof<br><input type="checkbox"/> ≤R-5 to R-19<br><input type="checkbox"/> ≤R-5 to R-30<br><input type="checkbox"/> ≤R-5 to R-49<br><br>Wall<br><input type="checkbox"/> ≤R-5 to R-11<br><input type="checkbox"/> ≤R-5 to R-19 | Attic/Roof<br><input type="checkbox"/> ≤R-5 to R-19<br><input type="checkbox"/> ≤R-5 to R-30<br><input type="checkbox"/> ≤R-5 to R-49<br><br>Wall<br><input type="checkbox"/> ≤R-5 to R-11<br><input type="checkbox"/> ≤R-5 to R-19 | Attic/Roof<br><input type="checkbox"/> ≤R-5 to R-19<br><input type="checkbox"/> ≤R-5 to R-30<br><input type="checkbox"/> ≤R-5 to R-49<br><br>Wall<br><input type="checkbox"/> ≤R-5 to R-11<br><input type="checkbox"/> ≤R-5 to R-19 |
| Square feet of insulation installed into space                      |   |   |   |

## INSTALLER INFORMATION

|  |  |
|--|--|
| Installer Company Name   |  |
| Installer Signature  |  |
| Total Installed Cost (before rebate) including equipment, labor, and purchase date. Please include invoice with this project form. |  |
| Date   |  |

By signing this form, I confirm that the above information is correct to the best of my knowledge.