

Commercial Insulation Rebate



www.fallriverelectric.com

| | | | |
|--|------|----------|-----|
| Member Number | | Phone # | |
| Member Name | | Mobile # | |
| Mailing Address | City | State | Zip |
| Installation Address (if different than above) | City | State | Zip |
| Email | | | |

Fall River Electric is offering incentives to improve the insulation for commercial, industrial & agricultural buildings. Preconditions: Building is electrically heated and existing insulation value must be between R- 0 and R-5.

Contact the Conservation Specialist at Fall River Electric prior to starting your project at 800-632-5726.

Here's how to qualify for the rebate:

- 1- Complete Commercial Insulation Project Form (see attached document) & schedule a pre-inspection.
- 2- Install insulation.
- 3- Contact Fall River for a post-inspection.
- 4- Submit documentation (receipts) of insulation installed & rebate form to Fall River Electric.

| Fall River Representative Use Only: | | | | |
|---|-------------|---------|------------|----------------------|
| Location | R Value | Sq. Ft. | \$/Sq. Ft. | Rebate Amount |
| Attic/Roof | R-5 to R-19 | | \$0.80 | |
| Attic/Roof | R-5 to R-30 | | \$0.85 | |
| Attic/Roof | R-5 to R-49 | | \$0.90 | |
| Wall | R-5 to R-11 | | \$0.50 | |
| Wall | R-5 to R-19 | | \$0.55 | |
| Rebate amounts are for the above listed price per square foot of the project, or the actual cost of the project, whichever is less. | | | | Rebate Amount |
| Commercial _____ Industrial _____ Agricultural _____ | | | | |

I certify that the insulation was purchased and installed at the above address. I will allow a representative of Fall River Electric to verify installation of the additional insulation.

Term & Conditions:

Installed Date: _____

- Utility rebate amounts are subject to change and are only available while funds are available.
- The program requires pre-install approval prior to all installations receiving a rebate.
- Your incentive check should be received within 45 days after the completion of the post-inspection .

| | |
|--|--------------|
| Member Signature | Date |
| Office Use Only | |
| GL: <u>CONS 04 700 555.13</u> Fall River Electric Representative _____ | Pay \$ _____ |
| Effective 10-1-2017 | Date _____ |

Mailing address: Fall River Electric 1150 N. 3400 E. Ashton, ID 83420 800-632-5726