



Phone: 715-537-3171 or 800-322-1008
 Fax: 715-637-1906
 www.barronelectric.com

TOUCHSTONE ENERGY® HOME PROGRAM 2020 Energy Efficiency Rebate Form

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM *(Please read)*

- ❖ NOTE: The rebate amount for this program is \$500.
- ❖ To qualify for the rebate:
 - ✓ A qualified rater or inspector* must verify and complete the Touchstone Energy Home checklist. A blower door test is required. Less than 3 air exchanges/hour at 50 Pascals is considered passing.
- ❖ Must have electric water heater 50-gallons or larger, and be connected to one of Barron Electric Cooperative's load management programs.

**A qualified rater or inspector refers to a person who is knowledgeable in building standards, has experience in using blower door test equipment, and is approved by Barron Electric Cooperative.*
- ❖ New home must be on cooperative's lines.
- ❖ Rebates are in place through December 18, 2020, or until funds are depleted.
- ❖ Submit the documentation listed below no later than **December 18, 2020**, however, members are encouraged to submit as soon as possible to ensure rebate:
 - ✓ This Rebate Form
 - ✓ A copy of the checklist
 - ✓ **Submit required documentation to: Barron Electric Cooperative, PO Box 40, Barron, WI 54812**
Attn: Member Services

Section 1: MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email		
			<small>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</small>		
Address			Account	Barron Electric Map Location #	
City	State	Zip	Date	Member Signature	
Phone					

Section 2: Touchstone Energy Home *(Please fill out entire section)*

I certify the home has met the requirements defined in the checklist.

Inspector or Builder	Inspector or Builder's Signature	Date of Final Inspection
----------------------	----------------------------------	--------------------------

Section 3: BLOWER DOOR TEST VERIFICATION *(Please fill out entire section)*

I certify that the home has met the requirement of less than 3 air exchanges per hour at -50 Pascal.	Air Exchanges Per Hour	Date of Blower Door Test
Name of Person Performing Blower Door Test	Signature of Person Performing Blower Door Test	

OFFICE USE ONLY

Approved Not Approved-Reason

I certify the home for which the rebate is requested has met the requirements of the above program/code requirements.

Cooperative representative:	Date:	Total rebate issued: \$
-----------------------------	-------	-------------------------