



This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed the equipment cost.
- ❖ Incentives are in place through December 31, 2025. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of install date.
- ❖ 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 install date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ Documentation showing the equipment has been installed

Submit required documentation to: Taylor Electric Cooperative, N1831 State Hwy 13, Medford, WI 54451

MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email		
<i>Email addresses will be used for cooperative communication only.</i>					
Address			Account	Phone	
City	State	Zip	Date	Member Signature	
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

INCENTIVE INFORMATION *(Please fill in gray shaded boxes for requested incentives)*

Equipment	Specifications	Equipment Cost	Quantity	Incentive	Total Quantity x Incentive
Residential High Efficiency Water Heater	75-99 gallons Uniform Energy Factor ≥ .88 Must be on load control as defined by cooperative			\$150	
Residential High Efficiency Water Heater	100+ gallons Uniform Energy Factor ≥ .88 Must be on load control as defined by cooperative			\$300	
Commercial Water Heater	75-99 gallons Must be on load control as defined by cooperative			\$150	
Commercial Water Heater	100+ gallons Must be on load control as defined by cooperative			\$300	
Heat Pump Water Heater	Integrated (all-in-one) units Uniform Energy Factor ≥ 2.20			\$300	

Total Incentive Amount Requested:

OFFICE USE ONLY

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