



ENERGY AUDIT – COST OF AUDIT

2026 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ Home or farm receiving energy audit must be on cooperative's lines.
- ❖ Incentive not to exceed 50% of the cost of energy audit, up to \$200.
- ❖ Energy audit must be performed by a certified Home Performance Auditor, certified Energy Manager, or a cooperative-approved partner.
- ❖ The audit must be a comprehensive audit, including a written report.
- ❖ The audit report must indicate the improvement(s) will result in electrical or delivered fossil fuels (LP, fuel oil) reduction or efficiency.
- ❖ Each member account qualifies for only 1 Energy Audit – Cost of Audit incentive every 5 years, regardless of the number of audits performed.
- ❖ Incentives are in place through December 31, 2026. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of audit completion, or report date if there is a significant delay in the report.
- ❖ 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 audit completion
 - ✓ This incentive form
 - ✓ A copy of invoice for Energy Audit with audit cost and completion date circled
 - ✓ Copy of the audit documentation/report

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"/> Home <input type="checkbox"/> Farm				

AUDIT INFORMATION *(Please fill out entire section)*

Date of Service:	Service Performed by: <input type="checkbox"/> Home Auditor <input type="checkbox"/> Certified Energy Manager		
Service Provider Name:	Service Provider Phone:	Service Provider Email:	
Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Other:	Home Heating Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other:		

Energy Efficiency Recommendations

1
2
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Total Cost of Energy Audit

Total Incentive Amount Requested *(Enter half the amount entered on the previous line, or \$200, whichever is less):*

OFFICE USE ONLY

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