

## WATER HEATERS

2026 Energy Efficiency Incentive Form

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, 2026. 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) and purchase/install date 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 *Email addresses will be used for cooperative communication only.					
Address	Account	Phone				
City	State Zip		Member Signature			
Incentive for: Residential	Farm Commerc	cial Industrial	al			
INCENTIVE INFORMATION (Please fill in gray shaded boxes for requested incentives)						
Equipment	Sı	pecifications	Equipment Cost	Quantity	Incentive	Total Quantity x Incentive
Residential High Efficiency Water Heater	75-99 gallons  High Efficiency Water Heater Uniform Energy Factor ≥ .88  Must be on load control as defined by cooperative				\$250	
Residential High Efficiency Water Heater	100+ gallons Uniform Energy Factor ≥ .88 Must be on load control as defined by cooperative				\$400	
Commercial Water Heater	75-99 gallons Must be on load control as defined by cooperative				\$250	
Commercial Water Heater	100+ gallons Must be on load co	100+ gallons Must be on load control as defined by cooperative			\$400	
Heat Pump Water Heater	Integrated (all-in-one) units Uniform Energy Factor ≥ 2.20				\$500	
Total Incentive Amount Requested:						
OFFICE USE ONLY						
Approved Not Approved - Reason:					Total Incentive Issued: \$	
Cooperative Representative:					Date:	