



COMPRESSED AIR AUDIT

2026 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ Business and/or building undergoing audit of compressed air lines must be on cooperative's lines.
- ❖ Incentive not to exceed the cost of the audit, up to \$500.
- ❖ Audit must be performed by a Professional Engineer, Certified Energy Auditor, or a cooperative pre-approved partner.
- ❖ Incentives are in place through December 18, 2026. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of audit 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 the audit date.
 - ✓ This incentive form
 - ✓ Copy of the audit documentation with completion date and audit cost circled
- ❖ **If all required information AND documentation are not provided, rebate will be rejected.**

Submit required documentation to: rebates@riverlandenergy.com or mail to P.O. Box 277, Arcadia, WI

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"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: | | | | |

AUDIT INFORMATION (Please fill out entire section)

| | | | |
|--|---------------|---------------|-----------------------|
| Date of Audit | Cost of Audit | | |
| Performed by: <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Certified Energy Manager <input type="checkbox"/> Other: | | | |
| Auditor Name | | Auditor Phone | Auditor Email Address |

Recommended Energy Efficiency Steps Taken:

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Total Incentive Amount Requested:

OFFICE USE ONLY

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