## **Residential Home Energy Audit**

## **Rebate Application**

\* Must contact GCCEA to verify funding is still available \*

* Rebate Amount = 50% of member cost (	up ta	o \$150	maximum
--	-------	---------	---------



Member Information			Tative E
Member Name			
Audit Address			
City, State, Zip			
Contact Name			
Email			
Phone Number			
Account Number			
-			
Rebate Recipient			
To release the rebate incentive alternative mailing address and		party other than the cooperative memoure below.	ber, the member must specify an
Please Send Rebate to	an alternate recipio	ent:	
Recipient Name			
Mailing Address			
City, State, Zip			
Contact Name			
		_	
Application Check Lis	st		
☐ Rebate application with ☐ Itemized project/audit in	=		
this application. All rules of the nothing contained in the applic	e program have been follo cation imposes any liabili eer, contractor, or vendor	r. The undersigned also authorized p	undersigned acknowledges that erformed and information presented by
Member Signature			Date
<u>-</u>	·		

Phone 507-732-5117



1410 North Star Drive PO Box 99 Zumbrota, MN 55992