

WISE REBATE FORM - CEILING INSULATION

City: _____ Property address: _____ Date: _____

Name of Homeowner/Property Owner: _____

Customer signature: _____ City Representative signature: _____

Mailing address: _____ (if different than installation address)

City, State, Zip: _____

Was the ceiling insulation installed by the Homeowner? _____ or Contractor? _____ Please check one

If by a contractor, please provide the following information:

Contractor name: _____ Contractor Phone #: _____

Contractor address: _____ City, State, Zip: _____

Date energy audit performed: _____ Square footage of home: _____

Existing ceiling insulation Type: _____ Depth: _____ R-Value: _____
(at the time of the energy audit)

Added/new ceiling insulation Type: _____ Depth: _____ R-Value: _____

Total rebate to Customer: _____ OMPA's half to City: _____ Total _____

Rebate based on the following:

If existing insulation R-Value was: then the rebate is:

R-0 to R-4	\$500
R-5 to R-14	\$300
R-15 to R-22	\$250
R-23 +	\$0

Cost _____

Heating fuel type _____

For OMPA use

kWh reduced: _____ kW reduced: _____