

CONSERVE & \$SAVE®

COMMERCIAL COMPRESSED AIR LEAK CORRECTION REBATE APPLICATION

1. CUSTOMER INFORMATION (please print)

Account Name _____ Doing Business As (if different from Account Name) _____

Installation Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) (rebate check will be mailed here) _____ City _____ State _____ Zip Code _____

Account Number _____

Send us a rebate check. Apply rebate to our account.

Type of Business: Church Government Grocery Health Industrial Lodging
 Multi-family Office Restaurant Retail School Other _____

How did you hear about CONSERVE & SAVE®? Billboard Chamber of Commerce Contractor Newspaper Radio
 Retailer/Vendor TV Utility Mailing Utility Newsletter Utility Representative Utility Web Site Other _____

2. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

Contact Name (rebate check will be mailed to contact) _____ () _____
Daytime Phone Number _____

Email _____

I certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature _____ Date _____

Check here if you DO NOT give us permission to use your business name in advertising our CONSERVE & SAVE® programs.

3. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Name _____ () _____
Daytime Phone Number _____

Email _____

TEAMING UP TO SAVE YOU MONEY



OFFICE USE ONLY

Date Received _____

Pre-Inspected? YES NO Date _____ Initials _____

Post-Inspected? YES NO Date _____ Initials _____

TOTAL REBATE AMOUNT

\$

4. REBATE INFORMATION

- Project Restrictions:**
- Leak surveys must be conducted with an ultrasonic leak detector.
 - Initial and follow-up survey results must be included with rebate form.
 - Follow-up survey must be completed within six months of the initial leak survey.
 - The follow-up survey must document that at least 50% of the leaks have been repaired.

AIR COMPRESSOR INFORMATION		INITIAL LEAK SURVEY INFORMATION			SURVEY COST: \$ _____ (if performed by contractor)
A Total Compressor HP (excluding backups) (minimum 10 HP total)	B Annual Hours of Compressor Operation (minimum 2,000)	C Who Performed Leak Survey? (check one)	D Date Performed	E Number of Leaks Identified	
		<input type="checkbox"/> Self <input type="checkbox"/> Contractor			

FOLLOW-UP LEAK SURVEY INFORMATION					REBATE	
F Who Performed Leak Survey? (check one)	G Date Performed (repairs & follow-up within 60 days of "D")	H Number of Leaks Repaired	I % of Leaks Repaired (H ÷ E) (must be minimum of 50%)	J CFM Reduction from Repaired Leaks	K Rebate per Compressor HP	L Total Rebate (A x K)
<input type="checkbox"/> Self <input type="checkbox"/> Contractor					\$4	

5. TERMS AND CONDITIONS

1. ELIGIBILITY

Rebates are available to non-residential electric customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory.

2. APPLICATION

Program is offered January 1 through December 31 of the respective calendar year. **Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-serve basis.** The entire rebate application must be read and filled out completely or application will be returned.

3. INSPECTION AND VERIFICATION

The Utility reserves the right to inspect the customer's facility through on-site visits before and after leak repairs to verify rebate eligibility.

4. INVOICE AND PAYMENT

When leak repairs are completed, the customer must submit leak surveys with the dates they were conducted and the results. The follow-up survey must be completed within six months of the initial leak survey. After satisfactory review of the application and surveys, a rebate check or bill credit will be issued to the customer. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit.

5. EQUIPMENT AND REBATE ELIGIBILITY REQUIREMENTS

Customers are eligible to receive a rebate for repairing compressed air leaks if they meet the following requirements:

- a) Customers must have a total of at least 10 horsepower of air compressors (excluding backup units) that operate at least 2,000 hours per year.
- b) Customers must document and verify they have repaired at least 50% of the compressed air leaks identified during their leak survey.
- c) Customers must complete repairs and perform follow-up leak survey within 60 days of initial survey.

A rebate will not be paid more than once per year for repairing the same leak.

6. TAX INFORMATION

The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for details.

7. DISCLAIMER

The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at (800) 657-3864.

8. ENDORSEMENT

The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.

9. PRIVACY

Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners and also may be used in our advertising efforts with your permission as granted in Section 2 of this rebate application.

RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

Austin Utilities
 Attn: Rebate Processing
 400 - 4th Street NE
 Austin, MN 55912
 (507) 433-8886
 (507) 433-5045 fax
 www.austinutilities.com

Owatonna Public Utilities
 Attn: Rebate Processing
 P.O. Box 800
 Owatonna, MN 55060
 (507) 451-2480
 (507) 451-4940 fax
 www.owatonnautilities.com

Rochester Public Utilities
 Attn: Rebate Processing
 4000 East River Road NE
 Rochester, MN 55906-2813
 (507) 280-1500
 (507) 280-1542 fax
 www.rpu.org