



# Raft River Rural Electric Co-op, Inc.

## Energy Efficient WINDOW Project Information

Commercial Conservation Resources

BUSINESS AND SITE INFORMATION			
Member Account Name		Contact Name	Phone Number
Mailing Address		City	State
Member Account Number	Srv Map Loc	Installation Address (if different than above)	Email address

Instructions: Complete this form and submit it to Raft River Electric. Incentives are only available for retrofits; new construction projects are not eligible.

EXISTING EQUIPMENT INFORMATION		
	Space 1	Space 2
Heating system type	<input type="checkbox"/> Air source heat pump <input type="checkbox"/> Electric zonal or forced air furnace	<input type="checkbox"/> Air source heat pump <input type="checkbox"/> Electric zonal or forced air furnace
Total building floor area is less than 20,000 sq. ft.	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)
Windows are single pane, single pane with storm windows, or double pane metal frame	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)

NEW EQUIPMENT INFORMATION		
The replacement windows have a National Fenestration Rating Council Rated U-value of 0.30 or lower	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)
Square feet of windows replaced		

INSTALLER INFORMATION	
Company Name	
Address	
Installer Signature	
Total Installed Cost (before rebate) including equipment and labor.	
Purchase Date (please include invoice with this form)	

\_\_\_\_\_ Date

Member Signature

**Mailing Address: Raft River Rural Electric Co-op, Inc. PO Box 617 Malta, ID 83342 208-645-2211 or 800-342-7732**

Office Use Only		
_____	_____	_____
Approved by	Date	Amount