



# Raft River Rural Electric Co-op, Inc.

## Energy Efficient INSULATION 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 existing buildings; new construction projects are not eligible.

### BUILDING TYPE

_____ Hospital	_____ Lodging
_____ Office, Small (Less than 5,000 sq. ft.)	_____ Restaurant
_____ Office, Medium (Less than 5,000 - 50,000 sq. ft.)	_____ School, K-12
_____ Retail, Small (Less than 5,000 sq. ft.)	_____ Warehouse
_____ Retail, Medium (Less than 5,000 - 50,000 sq. ft.)	_____ Other
_____ Retail, Large (50,000 - 100,000 sq. ft.)	

### EXISTING EQUIPMENT INFORMATION

	Space 1	Space 2
This building is electrically heated (e.g. electric resistance or heat pump)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)
The existing insulation R value is R-5 or less	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE)

### NEW EQUIPMENT INFORMATION

Insulation location and insulation type (select only one per space)	Attic/Roof <input type="checkbox"/> ≤R-5 to R-19 <input type="checkbox"/> ≤R-5 to R-30 <input type="checkbox"/> ≤R-5 to R-49	Attic/Roof <input type="checkbox"/> ≤R-5 to R-19 <input type="checkbox"/> ≤R-5 to R-30 <input type="checkbox"/> ≤R-5 to R-49
	Wall <input type="checkbox"/> ≤R-5 to R-11 <input type="checkbox"/> ≤R-5 to R-19	Wall <input type="checkbox"/> ≤R-5 to R-11 <input type="checkbox"/> ≤R-5 to R-19

### INSTALLER INFORMATION

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

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

**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