



Oregon Trail Electric Cooperative Residential Rebate Application

Project Type **Insulation** Date

Project Address

Member SEP number (if known)

Mailing Address

Phone

Email

Members Name

Property Owners Name (if different than above)


OTEC's energy efficiency program budget may be limited and is time sensitive; therefore, pre-approval of all projects is required. Energy efficiency (EE) projects must comply with the current BPA and/or OTEC standards. OTEC reserves the right to withdraw a project if not completed within 90 days of this signed agreement. Any deviation from program standards without written authorization from OTEC may invalidate the project and a member's qualification for the energy efficiency program. The member agrees to release OTEC and hold it harmless from any and all liability associated with the completed work or material installed or applied through an EE project. All energy savings results are assumptions and estimates from acceptable standards of installed material. OTEC is not responsible nor guarantees any stated or estimated energy savings from this program. The selection and use of acceptable and conforming material is the sole responsibility of the member and OTEC assumes no warranty of the service or material.

(qualified OTEC member), I certify that I have read and understand the OTEC program agreement and agree to abide by those requirements. I certify that to the best of my knowledge the information on this application is true and correct.

Authorized Members Signature

Date



Your Touchstone Energy® Cooperative 

OREGON TRAIL ELECTRIC COOPERATIVE

Insulation Audit

For Office Use Only:
Mem Sep# _____
Location # _____

Type(s) of Heat Permanently Installed:

Electric Baseboard, wall or Ductless Heat Pump (zonal)

Forced Air Furnace Wood Propane/Gas Electric Ducted Heat Pump

Dual Fuel Other _____ Oil

Home type: Manufactured Home Single Family Multi-Family

If Multi-family – how many families _____ How many stories _____

If Commercial Building Type: _____ _____

Current Insulation conditions:

Location	Current R-Factor	Square Feet	New R-Factor	Type of Insulation (batt, blow in etc)	Notes/Comments
Attic					
Floor					
Wall					

Please include the invoice with the R - value of the insulation installed, cost and purchase date.