



500 N. Chestnut Ave
 PO Box 70
 Oconto Falls, WI 54154
 920-846-4507

Supplemental Business Incentive Program Application

Company Name	Utility Account Number
Mailing Address	
Project Address (if different)	
Company Contact	
E-mail	Phone

Summary of Proposed Projects

Description	kW Savings	kWh Savings	Project Cost	Incentive Amount	Annual Savings
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

I hereby certify that all statements made in this application are correct to the best of my knowledge. I understand that OFMU's incentive program is for the installation of new electric-saving or demand reducing measures. Equipment must meet efficiency requirements set by Focus on Energy, Energy Star, DLC, or CEE. I understand funding is limited for this program.

Customer Signature	Date	OFMU Representative Signature	Date
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Utility Use Only

Project Verified: _____ Payment Authorized By: _____

Energy Savings Worksheet Attached: Invoice(s) Attached:

Payment **Mailed** or **Delivered** Mailing Address: _____