

# COMPRESSED AIR EFFICIENCY REBATE APPLICATION 2024



Office Use: Pre-Request Number \_\_\_\_\_

## CUSTOMER INFORMATION

Name: \_\_\_\_\_ OTP Account #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Address of Installation: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## INSTALLATION INFORMATION

Installing Contractor: \_\_\_\_\_ Installation Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Est. Annual Electric Service Bill: _____	Project Cost: _____
Mechanical Cooling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leak Study Cost: _____

## CUSTOMER ACKNOWLEDGEMENT

I certify that I have purchased the equipment described on this form and that it is installed at the installation address indicated. I agree to the rebate terms and conditions on the reverse side of this page or listed on Otter Tail Power Company's website at [otpc.com/WaysToSave](http://otpc.com/WaysToSave).

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
EMR/ISE Approval: _____	Visually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	By OTP Rep: _____
<input type="checkbox"/> Send check to customer	Date: _____
<input type="checkbox"/> Send check to: _____	

# COMPRESSED AIR EFFICIENCY 2024-2026

## Entire Plant Compressor Totals:

Quantity \_\_\_\_\_ Total HP \_\_\_\_\_

CFM \_\_\_\_\_ Annual Hours of Operation \_\_\_\_\_  
 (hours customer is actively using compressors)

## Efficient Compressors

Project Description	Manufacturer	Model Number	HP (must be ≤ 50 HP)	Quantity	Control Type
					<input type="checkbox"/> Variable Displacement <input type="checkbox"/> Variable Speed Drive
					<input type="checkbox"/> Variable Displacement <input type="checkbox"/> Variable Speed Drive
					<input type="checkbox"/> Variable Displacement <input type="checkbox"/> Variable Speed Drive

## Zero Loss Drains

Project Description	Manufacturer	Model Number	CFM Per Drain	Quantity

## Flow Controller

Project Description	Manufacturer	Model Number	HP (must be ≥ 25 HP)	Quantity

## Low Pressure Drop Filter

Project Description	Manufacturer	Model Number	HP (must be ≥ 100 HP)	Quantity

## Storage Tank

Project Description	Manufacturer	Model Number	HP (must be ≥ 50 HP)	Quantity