

Member Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Incentive Used for:  Residence  Farm  Commercial  Industrial  Institutional/Government  Other \_\_\_\_\_

- ▶ Must be purchased and/or installed in 2010 (*Jan 1 – Dec 31, 2010*).
- ▶ Rebates are in place through December 31, 2010 or until funds, by incentive or in total, are depleted.
- ▶ **Rebate application form and copy of your receipt must be submitted by Jan. 15, 2011. However, members are encouraged to submit rebate form and copy of your receipt as soon as equipment is purchased and installed to ensure rebate.**
- ▶ Use this lighting form for all lighting rebates; Residential, Commercial, Agricultural, etc.

### Lighting Rebates

- ▶ Submit rebate form and a copy of your invoice or receipt.
- ▶ Rebate not to exceed cost of lamp/bulb or unit.

The following new lamps, ballasts and/or LEDs have been installed. Please check all that apply:

- LED Holiday Lights (limit 12 per account) . \_\_\_\_\_ x \$2/ string or décor item = \_\_\_\_\_
- Occupancy Sensors . . . . . \_\_\_\_\_ x \$5/switch = \_\_\_\_\_ Number of Fixtures controlled: \_\_\_\_\_

For lighting below, indicate technology (incandescent, CFL, metal halide....) and wattage of lamp you are replacing.

	<u>Lamp Being Replaced</u>	
<input type="checkbox"/> CFL . . . . . _____ x \$1/lamp = _____	Technology _____	Watts _____
<input type="checkbox"/> 60 Watt CFLs or greater. . . . . _____ x \$5/lamp = _____	Technology _____	Watts _____
<input type="checkbox"/> Hard-Wired ENERGY STAR CFL Fixture . . . . . _____ x \$5/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> Cold Cathode CFL . . . . . _____ x \$2/lamp = _____	Technology _____	Watts _____
<input type="checkbox"/> T8 Fixtures-Retrofit only . . . . . _____ x \$5/lamp/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> T5 Fixtures . . . . . _____ x \$7.50/lamp/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> LED Bulb or Fixture . . . . . _____ x \$2/bulb or fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> Security Lighting- LED Technology . . . . . _____ x \$15/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> Ceramic Metal Halide - Replacement only. _____ x \$15/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> Pulse Start Metal Halide - Replacement only _____ x \$15/fixture = _____	Technology _____	Watts _____
<input type="checkbox"/> HPS Fixture - Replacement only. . . . . _____ x \$15/fixture = _____	Technology _____	Watts _____

Total Lighting Rebate Amount Requested:

Office use only

Approved  Not Approved – Reason \_\_\_\_\_

Total rebate issued \$ \_\_\_\_\_

I certify that the rebate payments requested were purchased and/or installed after December 31, 2009 and before January 1, 2011.

Cooperative representative: \_\_\_\_\_ Date \_\_\_\_\_