

2019 Commercial, Industrial and Agricultural Lighting Information Sheet

Recommended for Rebates in Excess of \$5,000.00

Cooperative _____

Member Information

Person or Company Receiving Rebate _____

Installation Address _____

Mailing Address (If Different) _____

Contact Person _____ Title _____

Phone _____

Building Type: Multi-Family Retail Office Church/School Agri-Business Industrial

Year Built _____ Building Lighted Area Square Feet _____

The Equipment Was Purchased
(Circle One)

- To Replace Existing Working Equipment
- To Replace Existing Failed Equipment
- As New Equipment in Existing Facility
- As New Equipment in Newly-Constructed Facility

Will New System Use a Different Spacing or Orientation Relative to the Old System. _____

Hours of Operation _____ Seasonal _____

Weekdays _____

Saturdays _____

Sundays _____

Estimated Hours of Operation _____

Equipment to be Replaced

Type _____

Quantity _____

Watts per Bulb _____ or Watts per Fixture _____

New Equipment

Type _____

Quantity _____

Watts per Bulb _____ or Watts per Fixture _____

Estimated Project Savings in KW (Demand) _____

Estimated Project Savings in KWH (Energy) _____

See Program details at the bottom of Lighting Incentive Form.

Attach to Lighting Incentive Form

Office Use: