



Your Touchstone Energy® Cooperative

2010 ENERGY EFFICIENCY & CONSERVATION INCENTIVES Appliance & Lighting

Return completed form and required paperwork to one of our offices:
P.O. Box 277, Arcadia, WI 54612 ▶ PO Box 248, Alma, WI 54610 ▶ PO Box 276, Onalaska, WI 54650

Member Name: _____ E-mail: _____
 Address: _____ Billing/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.

ENERGY STAR® Appliance and Recycling

▶ Include a copy of ENERGY STAR® label with rebate form and invoice/ receipt.
 ▶ Visit www.energystar.gov to verify ENERGY STAR® rating.

Dehumidifier (\$25)
 Freezer (\$25)
 Refrigerator (\$25)
 Room Air Conditioner (\$25)
 Dishwasher (\$25)

Water Heater Fuel
 Electric Nat Gas LP Gas

Clothes Washer (\$25)
 Fuel of Water Heater
 Electric Nat Gas LP Gas
 Fuel of Dryer _____
 Electric Nat Gas LP Gas

Include recycling receipt showing unit was in working order when recycled for the following:
 Recycled Freezer (\$50)
 Recycled Refrigerator (\$50)
 Recycled Room Air Conditioner (\$25)

Appliance Type _____
 Brand/Mfr _____
 Model Name _____
 Model No. _____
 Serial No. _____

**Total Energy Star Appliance
Rebate Amount Requested:**

Lighting Rebates

▶ Submit rebate form and a copy of your invoice or receipt. **If your receipt does not indicate it's a CFL, you must submit proof from the package.**
 ▶ Rebate not to exceed cost of lamp/bulb or unit.
 ▶ Rebate will be applied as a credit on your account.

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:

▶ This offer is available only to REC members and must be installed in the co-op service area.
 ▶ Contact us if you do not receive your rebate within 30 days.
 ▶ This form has no cash value. Please keep a copy of it for your records.
 ▶ REC reserves the right to disqualify applications that do not meet criteria as adopted by the board of directors to verify installation in the service area.

LANDLORDS: If you are a landlord who owns the property, but do not pay the electric bill, please check here.

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: _____ Billing # _____ Date _____