

LIGHTING 2023 Energy Efficiency Incentive Form

ELIGIBILITY CRITERIA

Incentive

- » New equipment must be installed on cooperative's lines.
- » Incentive not to exceed the equipment cost.
- » Incentives are in place through December 31, 2023. Funds are limited so submit required documentation as soon as possible.
- » Required documentation must be submitted within 3 months of purchase date.
- » Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- » Required documentation listed below must be submitted no later than 3 months after purchase date.
 - » This incentive form
 - » A copy of your receipt or invoice for each item with purchase price(s) circled
 - » For fixtures (non-residential only), include packaging or documentation showing number of lumens

Submit required documentation to: rebates@riverlandenergy.com or mail to P.O. Box 277, Arcadia, WI 54612

MEMBER INFORMATION (Please fill out entire section)								
Member Name:				Account:				
Address:				Phone:				
City:	State:	Zip:	E-mail: *will only use to contact you regarding this rebate if necessary					
Date:	Member Signature:							

e for: 🗌 Residential 🔄 Farm 🗍 Commercial 📄 Industrial 🗍 Institution/Government
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RESIDENTIAL LIGHTING: Lighting products for your home. (Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative)							
Equipment	Incentive				Quantity	Total	
LED Bulb	\$0.50	Incentive request must be for 5 or more bulbs. Quantity less than 5 bulbs do not qualify.					
Occupancy Sensor	\$5						
		ghting products for your far equested incentives. Green shad			e)		
Equipment	Incentive					Quantity	Total
LED Bulb	\$0.50	Incentive request must be for 5 or more bulbs. Quantity less than 5 bulbs do not qualify.					
Occupancy Sensor	\$5						
LED Exit Sign	\$5						
LED Fixture	\$.50 per 800 lumens in the fixture	Enter information for LED Fixtures with same lumen output on each line below. Continue on back of form if needed.					
		Number of lumens per fixture		Number of fixtures			
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OFFICE USE ONLY				
Approved	Not Approved- Reason:	Total Incentive Issued:		
Cooperative Representative:		Date:		