	Smart Efficie d make sens		n	LIGHTIN 2025 Energy Efficiency Ir
 Required documentation must Additional eligibility criteria m Required documentation lister This incentive form A copy of your receipt o For fixtures (non-resider 	of the equi h Decembe st be submi hay apply. I d below m r invoice fo ntial only), i	pment cost. er 31, 2025. Funds an tted within 3 months Program is subject to ust be submitted no I r each item with purc include packaging or d	of purchase date. change or cancellatic ater than 3 months a chase price(s) circled documentation show	
MEMBER INFORMATIO	DN (Plea	se fill out entire se	ction)	
Member Name			Email *Email addre	sses will be used for cooperative communication only
Address			Account	Phone
City	State	Zip	Date	Member Signature

Phone Member Signature Residential Farm Commercial Industrial Institution/Government Other: Incentive for: **INCENTIVE INFORMATION:** (Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.) Equipment Total Equipment Incentive Quantity Cost Incentive

Note: All lighting incentives will be capped at 50% of the total cost. Incentive request must be for 5 or more bulbs. LED Bulb \$1.00 Quantities less than 5 bulbs do not qualify. LED Exit Sign \$5 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: Number of Lumens per Fixture: Number of Fixtures: LED Fixture \$1.00 per Number of Lumens per Fixture: 800 lumens Number of Fixtures: Number of Lumens per Fixture: Number of Fixtures: Number of Lumens per Fixture: Number of Fixtures: Number of Lumens per Fixture: Number of Fixtures: \$5 Does not include motion detector bulbs or fixtures Occupancy Sensor **Total Incentive Amount Requested:**

OFFICE USE ONLY				
Approved Not Approved-Reason:	Total Incentive Issued: \$			
Cooperative Representative:	Date:			

LIGHTING

Energy Efficiency Incentive Form