



2024 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines.
- Incentive not to exceed the equipment cost.
- Incentives are in place through December 31, 2024. 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: PO Box 439, Richland Center, WI 53581 or email to info@rec.coop

MEMBER INFORMATION (Please fill out entire section)										
Member Name				Email						
				Email addresses will be used for cooperative communication			n only.			
Address				Account Phone		Phone				
City		State	Zip	Date	Member Sign		ature			
Incentive for:	Residential	Residential Farm Commerc		al Industrial Institution/Government		Other:				
INCENTIVE INFORMATION:										
(Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.)										
Equipment	Incentive						Quantity	Equipment Cost	Total Incentive	
LED Bulb	\$0.50	Incentive request must be for 5 or more bulbs. Quantities less than 5 bulbs do not qualify.								
LED Exit Sign	\$5									
LED Fixture	\$0.50 per 800 lumens	Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.								
		Number of Lu	mens per Fixture:	Number of Fixtures:						
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		Number of Lu	mens per Fixture:	Number of Fixtures:						
		Number of Lu	mens per Fixture:	Num	ber of Fixtures:					
Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures								
		OFFICE USE ONLY								
Approved Not Approved-Reason:							Total Incentive Issued: \$			
Cooperative Representative:							Date:			
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