

## ElectricSense

## LIGHTING

## **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: Taylor Electric Cooperative, N1831 State Hwy 13, Medford, WI 54451										
MEMBER INFORMATION (Please fill out entire section)										
Member Name				Email						
				Email addresses will be used for cooperative communication only.						
Address				Account Phone			n oniy.			
City		State	Zip	Date Memb		Member Sigr	nature			
Incentive for:	Residential	Farm	Commercia	I Industrial	☐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:						
		Number of Lu	mens per Fixture:	Number of Fixtures:						
		Number of Lumens per Fixture:		Number of Fixtures:						
		Number of Lumens per Fixture:		Number of Fixtures:						
		Number of Lu	mens per Fixture:	Numl	er of Fixtures:					
		Number of Lu	mens per Fixture:	Numl	er of Fixtures:					
Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures								
Total Incentive Amount Requested:										
OFFICE USE ONLY										
Approved Not Approved-Reason:							Total Incentive Issued: \$			
Cooperative Representative:							Date:			