

## Electric\$ense

## LIGHTING

## 2025 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 50% of the equipment cost.
- Incentives are in place through December 31, 2025. 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

Submit required documentation to: Taylor Electric Cooperative, N1831 State Hwy 13, Weaford, WI 54451										
MEMBER INFORMATION (Please fill out entire section)										
Member Name				Email *Email addresses will be used for cooperative communication only						
Address				Account Phone		Phone				
City			Zip	Date Member		Member Si	Signature			
Incentive for:	Residential	lential     Farm   Commercial   Industrial   Institution/Governm					nt  Othe	r:		
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	Lumens per Fixture:	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:						
						Fixtures:				
		Number of	Lumens per Fixture:	Number 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:			