

## 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 the equipment cost.
- Incentives are in place through December 31, 2025. Funds are limited so submit required documentation as soon as possible.
- Please note: A member cannot receive an incentive for a measure and for a component of that measure. For example, if an LED fixture contains bulbs, the member cannot receive an LED Fixture incentive and LED Bulb incentive.
- \* 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.
- Please allow up to 2 months for rebate to be credited to your bill.
- 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: include packaging or documentation showing number of lumens

Submit required documentation to: cvec@cve.coop or CVEC ● Attn: Rebates ● PO Box 575 ● Cornell, WI 54732

MEMBER INFORMATION (Please fill out entire section)									
Member Name				Email *Email addresses will be used for cooperative communication only					
Address				Account		Phone			
City	ty		Zip	Date		Member Signature			
Incentive for:	Residential	Residential Farm Commercial Industrial Institution/Govern				n/Governme	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:					
		Number of Lumens per Fixture:		Number of 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:		

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