

Submit by mail or in person: 2099 Hwy 3 or PO Box 353 Clarion, IA 50525 For more information: 515-532-2805 or 800-728-0013 www.prairieenergy.coop

40+ Watt Outdoor Lighting Rebate

| | or Office U | se Only | |
|--|-------------|---------|--|
|--|-------------|---------|--|

| Total Rebate | |
|--------------|--|
| Amount: | |
| AIIIOUIIL. | |

| Program Criteria | |
|---|---|
| - ALL INFORMATION MUST BE COMPLETED TO R | RECEIVE REBATE |
| - Must be installed/used at member's home or farm | |
| · · · · · · · · · · · · · · · · · · · | ation must be submitted within 6 months of purchase |
| - Rebate is 50% cost of bulb or fixture up to \$15 | |
| | |
| | <u> </u> |
| Member or Business Name | Account Number |
| Dusiness Name | |
| | |
| ED Outdoor Lights | |
| | |
| Number Installed (40 Lyests) | |
| Number Installed (40+watts) | |
| Total Cost (40+watts) | |
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| DATED COPY OF ITEMIZED SALES RECEIPT MUST BE IN | ICLUDED. Member certifies that the item listed in this application has |
| been installed at the member's location served by REC. REC | C reserves the right to inspect home/equipment and verify this |
| information before issuing a rebate. REC reserves the right | to modify (including incentive levels) or terminate this program at any |

time without prior or further notice.

| Member Signature | Date |
|------------------|------|
| | |



Rebate Application

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For Office Use Only

| Total Rebate | |
|--------------|--|
| Amount: | |

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

| Member | Information |
|--|---|
| Member Name | Address |
| | |
| City - State - Zip | Account Number |
| | |
| Phone (include area code: sample - 999-999-9999) | Email |
| | |
| Rebate Unit Inst | allation Information |
| Please answer questions based on the | he location where the unit was installed. |
| Location Installed | Structure Type |
| Same as above Other | Single Family Residence |
| (complete below) | 7 Farm Outbuilding |
| Address | Business |
| City - State - Zip | Multi-Family Unit: apt/condo/duplex/etc. |
| | Rebate Unit Installed In |
| Install Date | New Construction Existing Structure |
| | Ownership |
| | Owned Leased |
| Installer (if applical | ole) or Purchased From |
| Business Name | Contact Name |
| | |
| City - State - Zip | Phone |
| | |