



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

Lighting Rebate

For Office Use Only

Total Rebate Amount:

Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- All lights must be used in member's home
- Rebate application along with required documentation must be submitted within 6 months of purchase
- Rebate cannot exceed 50% cost of bulb or fixture
- Only replacement bulbs/fixtures in existing buildings are eligible for rebate

Member or Business Name

Account Number

New Lighting Unit Type (all that apply)

- LED bulbs - Rebate up to \$2/bulb
- LED security light (40+ watts) Rebate up to \$30/fixture
- LED fixture - Rebate up to \$6/fixture
- LED security light (10-39 watts) up to \$10/fixture
- Holiday lighting - Rebate \$2 per string

LED Lighting

LED Light Bulbs

Number Replaced
Total Cost

LED Fixtures

Number Replaced
Total Cost

LED Security Lights

Number Installed (10-39 watts)
Total Cost (10-39 watts)
Number Installed (40+watts)
Total Cost (40+watts)

LED Holiday Lighting

Number of strings
Total Cost

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC 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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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 Installation Information

Please answer questions based on the location where the unit was installed.

Location Installed

- Same as above Other
(complete below)

Address

City - State - Zip

Install Date

Structure Type

- Single Family Residence
 Farm Outbuilding
 Business
 Multi-Family Unit: apt/condo/duplex/etc.

Rebate Unit Installed In

- New Construction Existing Structure

Ownership

- Owned Leased

Installer (if applicable) or Purchased From

Business Name

Contact Name

City - State - Zip

Phone