

Lighting Rebate

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

time without prior or further notice.

Member Signature

For Office Use Only

Total Rebate	
Amount:	

Program Criteria - ALL INFORMATION MUST BE COMPLETED TO R - All lights must be used in member's home - Rebate application along with required documenta - Rebate cannot exceed 50% cost of bulb or fixture	ECEIVE REBATE Ition must be submitted within 6 months of purchase
Member or Business Name	Account Number
New Lighting Unit Type (all that apply)	
T8 fixture - Rebate up to \$6 per LED fixture fixture	- Rebate up to \$2 per bulb LED security light (40+ watts) Rebate up to \$30/fixture Holiday lighting - Rebate \$2 per
	ty light (10-39 watts) to \$10/fixture
LED Lighting	CFLs
LED Light Bulbs	Number Installed
Number Installed	Total Cost
Total Cost	T5 / T8 Fixtures
LED Fixtures	T5 Fixtures
Number Installed	Number Installed
Total Cost	Total Cost
LED Security Lights	T8 Fixtures
Number Installed (10-39 watts)	Number Installed
Total Cost (10-39 watts)	Total Cost
Number Installed (40+watts)	LED Holiday Lighting
Total Cost (40+watts)	Number of strings
	Total Cost
been installed at the member's location served by REC. REC	CLUDED. Member certifies that the item listed in this application has reserves the right to inspect home/equipment and verify this to modify (including incentive levels) or terminate this program at any

Date



Rebate Application

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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)	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