

ELIGIBILITY CRITERIA

- ❖ New equipment must be purchased in 2018 and must be installed on cooperative's lines.
- ❖ Incentives are in place through December 31, 2018. Funds are limited so members are encouraged to submit as soon as possible.
- ❖ Incentive not to exceed 20% of the cost of equipment.
- ❖ Additional eligibility criteria may apply. Contact cooperative for details.
- ❖ All documentation listed below is required and must be submitted no later than 3 months after purchase date.
 - ✓ This Incentive Form
 - ✓ A copy of your receipt or invoice for each item purchased
 - ✓ For all fixtures, include packaging or documentation showing number of lumens or number of bulbs per fixture as required

Submit required documentation to:

MiEnergy Cooperative, PO Box 90, Cresco, IA 52136 | email jsunnes@MiEnergy.coop | fax 563-547-4033

MEMBER INFORMATION *(Please fill out entire section)*

| | | | | | |
|---|---------|---|------|------------------|--|
| Member Name | | Email | | | |
| | | <i>NOTE: Email addresses will be used for cooperative communication only, including eNewsletters filled with energy saving tips. Opting out now or in the future is always possible. <input type="checkbox"/> Opt out Now</i> | | | |
| Address | Account | | | Phone | |
| City | State | Zip | Date | Member Signature | |
| Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: | | | | | |

INCENTIVE INFORMATION *(Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.)*

| Equipment | Incentive | | Quantity | Total Incentive | |
|---|-----------------------------------|--|----------|---------------------|--|
| LED Bulb | \$1 | Incentive request must be for 5 or more bulbs. Quantities less than 5 bulbs do not qualify. | | | |
| Occupancy Sensor | \$5 | | | | |
| LED Exit Sign | \$5 | | | | |
| LED Fixture | \$1 per 800 lumens in the fixture | <i>Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.</i> | | | |
| | | Number of Lumens per Fixture: | | Number of Fixtures: | |
| | | Number of Lumens per Fixture: | | Number of Fixtures: | |
| | | Number of Lumens per Fixture: | | Number of Fixtures: | |
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| | | Number of Lumens per Fixture: | | Number of Fixtures: | |
| T5 Fluorescent Fixture | \$6 per bulb in the fixture | <i>Enter information for T5 fixtures with same number of bulbs on each line below. Continue on back of form if needed.</i> | | | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
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| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
| T8 Fluorescent Fixture <i>(Replacement only)</i> | \$4 per bulb in the fixture | <i>Enter information for T8 fixtures with same number of bulbs on each line below. Continue on back of form if needed.</i> | | | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |
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| | | Number of Bulbs per Fixture: | | Number of Fixtures: | |

OFFICE USE ONLY

| | |
|---|----------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason: | Total incentive issued: \$ |
| Cooperative representative: | Date: |