

Electric\$ense

LIGHTING

2024 Energy Efficiency Incentive Form

ELIGIBILITY CRITERIA

- New equipment must be installed on St. Croix Electric Cooperative's lines.
- Incentive not to exceed the equipment cost.
- ❖ Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- * 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 SCEC for details.
- * 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 (non-residential only), include packaging or documentation showing number of lumens

Submit required documentation to: rebates@scecnet.net or St. Croix Electric Cooperative, PO Box 160, Hammond, WI 54015											
MEMBER INFORMATION (Please fill out entire section)											
Member Name				Email							
				Email addresses will be used for cooperative communication only.							
Address				Account Phone				i only.			
			Data Marshar								
City		State	Zip	Date Member Signature							
Incentive for:	Residential [Commercia	l 🔲 li	☐Industrial ☐Institution/Government			Other:			
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:		÷ 800 = Num		ber of Fixtures:					
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		Number of Lu	mens per Fixture:		÷ 800 =	Num	ber 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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