

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ New equipment must be installed on the 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. The program is subject to change or cancellation without notice. Contact the cooperative for details.
 - ❖ Required documentation listed below must be submitted no later than 3 months after the 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:** *Pierce Pepin Cooperative Services, Attn: ElectricSense Program
PO Box 420, Ellsworth, WI 54011*

MEMBER INFORMATION *(Please fill out the entire section)*

Member Name			Email		
			<i>Email addresses will be used for cooperative communication only.</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	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				
Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.					
LED Fixture	\$0.50 per 800 lumens	Number of Lumens per Fixture:		Number of Fixtures:	
		Number of Lumens per Fixture:		Number of Fixtures:	
		Number of Lumens per Fixture:		Number of Fixtures:	
		Number of Lumens per Fixture:		Number of Fixtures:	
		Number of Lumens per Fixture:		Number of Fixtures:	
		Number of Lumens per Fixture:		Number of Fixtures:	
Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures			

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason:	Total Incentive Issued: \$
Cooperative Representative:	Date: