

LED Lighting Retrofit Rebate Application

Applicant Information

Applicant Name

Organization/Company

Address

City

State/Province

ZIP/Postal Code

Phone Number

Email Address

Facility Information

Facility Name

Facility Address

City

State/Province

ZIP/Postal Code

Facility Type

Approximate Square Footage

Contractor Information

Contractor Name

Contractor Phone

Contractor Email

Project Details

Existing Lighting Type(s) Removed

Existing Total Wattage

Proposed LED Product(s) Installed

New Total Wattage

Total Number of Fixtures/Bulbs

Date of Installation

Additional Project Notes

Rebate Payment

Payee Name (for rebate check)

Payee Address

City

State/Province

ZIP/Postal Code

Attachments

Attach Invoices/Receipts, Product Specs, etc.

Choose File

No file selected

Applicant Certification

☐

I certify that the information provided is accurate and the products listed have been installed at the facility indicated.

Applicant Signature

Date