

## RESIDENTIAL LIGHTING REBATE APPLICATION



All rebates valid for up to 1 year from date of purchase.

TO RECEIVE A REBATE	Г	0	R	E	CI	=	V	E	A	R	Е	В	A	١Τ	Ε
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- 1. Complete this rebate form.
- 2. Include a copy of the original sales receipt and/or invoice for each appliance.
- 3. A copy of energy guide label containing ENERGY STAR® Symbol or denotation if applicable or an AHRI Certificate of Product Ratings.

MAIL TO: Moose Lake Power ATTN: Rebate Program P.O. Box 418

Moose Lake, MN 55767

E-MAIL TO: accounting@mlwl.us

Valid for customers of Moos	· · se Lake Power only.  Reb	ates are su	bject to available fun	ds.								
<b>Customer Inform</b>	ation (please co	mplete	all informati	on below):								
Name of Homeowner	-		Phone	Insta	llation Date		County					
Installation Address				City		Sta	ate	Zip (	Code			
Mailing Address				City		Sta	ato.	Zin (	Code			
Walling Address				Oity		0.0	ale		30 <b>0</b> C			
□ Mail Address				A 2 2 2								
E-Mail Address				Acco	Account Number							
Retailer/Contract	or/Installer Info	rmation										
Company Name		Mailing Ac	dress		С	City	Sta	ate	Zip Code			
Phone		E-Mail Ad	ldress						L			
Certifications an	d Signature											
oci tinoations an	ia Oignaturo											
I hereby certify that												
	contained in this applicat											
<ul> <li>All installation is complete, and the unit(s) is operational prior to submitting application.</li> <li>All rules of this rebate program have been followed</li> </ul>												
All fules of this f	coate program have been	Tionowca										
I agree to verification of ed												
receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release MLP from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any												
equipment or related mate			• ,	•	•							
MLP reserves the right to	reject any rehate annlicati	ion submitte	ad as a result of work	nerformed by a c	contractor who	has failed	to adhere t	to the t	erms and condi-			
tions established for the re		ori Subiriitte	a as a result of work	periorifica by a c	ontractor who	rias railca	to adricic	to the t	cims and condi-			
Diagon sign and complete	all information holow											
Please sign and complete	all information below.											
Homeowner Signature			Print Name				Da	te				
Tromoowner orginature			T Time T Valino				54	.0				
MI D Has Only												
MLP Use Only												
Date Received	Rebate Approved	Amount		Date Approve	ed	С	heck No.					

MLP Representative

Yes

No

## **LIST OF LIGHTING THAT QUALIFIES FOR REBATES**

LED LIGHTING (Applicable f Outdoor Fixtures, Holiday Light			ts, fill out	REBATE: \$3/lamp Not to exceed 50% of cost
Quantity:		,		
Space Type (select one):	Interior Living Quarters	Multi Family Comm	ion Area E	Exterior/Unconditioned Space
HVAC (select one):	Heating Only	Heating and Cooling	Exterior/Unco	onditioned
Lumens	_ New Lighting	Watts:	Date of	Installation:
OUTDOOR LED FIXTURES				REBATE: \$15/fixture
OUTDOOK LED FIXTURES			Not	to exceed 50% of fixture cost
Quantity:		Date of Installation		
LED HOLIDAY LIGHTING			Not to	REBATE: \$10/String o exceed 50% of cost of string
Quantity of String Lights:		Quantity of Ligh	its per String:	·
LED Lighting Type (select or	<b>ne)</b> : LED Mini Holida	ay Lights LED C7 Holi	day Lights	LED C9 Holiday Lights
Date of Installation:	•			
CUSTOM LIGHTING				BATE: \$0.20 per Watt reduced seed 50% of lamp/fixture cost
Quantity:			NOT TO EXC	eed 30 /0 OF lamp/fixture cost
		Multi Family Comme	A	Tutorior/Unggraditioned Chang
Space Type (select one):	G	•		Exterior/Unconditioned Space
		•	Inconditioned	
Previous Lighting Watts:		New Lighting V	Vatts:	
Date of Installation:				
LIGHTING CONTROLS				REBATE: \$15/Control
			Not to 6	exceed 50% of cost of control
Total Connected Lighting Lo	ad (kW, If in watts, divid	le watts by 1,000 to get k\	<b>N)</b> :	
Space Type (select one):	Interior Living Quarters	Multi Family Commor	n Area E	Exterior/Unconditioned Space
HVAC (select one): Heat	ng Only Heating ar	nd Cooling Ex	kterior/Uncondi	itioned
Date of Installation:				