

# People's Cooperative Services

## Energy Efficient Lighting Program Incentive

### *Retrofit Only*

#### Business Information

Business Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address, City, State, Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_

#### Lighting Use Information

Type of use \_\_\_\_\_  
 Volts  120  208  240  277

#### Existing Systems (fill out ones that apply)

Quantity	Describe Lamp/Fixture Type(s)
_____	Incandescent _____
_____	Fluorescent _____
_____	Mercury Vapor _____
_____	Metal Halide _____
_____	Sodium Vapor _____

#### New Systems (fill out ones that apply)

Quantity	Describe Lamp/Fixture Type(s)
_____	Electronic Fluorescent _____
_____	Metal Halide _____
_____	Sodium Vapor _____

Why did you choose efficient lighting? \_\_\_\_\_

#### Lighting Operation Time Information (Please mark each hour of the day the lighting is operated)

	a.m.											p.m.												
Weekday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the lighting system operate during all months of the year?  Yes  No

If no, what months does the lighting system run? \_\_\_\_\_

#### Minimum incentive is any combination of five ballast's or fixtures

Total Electronic Ballast's	_____	X	\$ 6.50/Ballast =	\$ _____
Total Metal Halide Fixtures	_____	X	\$10.00/Fixture =	\$ _____
Total Sodium Vapor Fixtures	_____	X	\$10.00/Fixture =	\$ _____
			Total Incentive =	\$ _____

Member Signature \_\_\_\_\_

Important: A copy of your invoice will be required before incentives are issued.