

CONSERVE & \$AVE

COMMERCIAL LIGHTING REBATE APPLICATION

1. CUSTOMER INFORMATION (please print)

Business Name _____ Location Name or DBA (if different from Business Name) _____

Installation Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Account Number _____ Apply rebate to our account. Send us a rebate check.

Type of Business Office Restaurant Retail Warehouse Grocery
 Health Lodging School Industrial Miscellaneous Commercial

Facility Size (sq. ft.) _____ Own Rent/Lease Hours of Operation (i.e., 9am-5pm) M-F _____ SAT _____ SUN _____

How did you hear about CONSERVE & SAVE? Radio TV Newspaper Billboard Retailer/Vendor Contractor
 Utility Representative Utility Mailing Utility Newsletter Utility Web Site Other _____

2. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

Contact Name _____ () _____ Daytime Phone Number _____

Email _____ () _____ Fax Number _____

I certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature _____ Date _____

Check here if you DO NOT give us permission to use your business name in advertising our Conserve & Save program (e.g. utility web site, newspaper ads).

3. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Name _____ Daytime Phone Number _____

Email _____ Fax Number _____

OFFICE USE ONLY Pre-Inspected? YES NO Date _____ Initials _____
Date Received _____ Post-Inspected? YES NO Date _____ Initials _____

TOTAL REBATE AMOUNT
\$ _____



4. REBATE INFORMATION (please print)

LIGHTING EQUIPMENT:

Project Type: NEW CONSTRUCTION
 RETROFIT

O L D S Y S T E M			N E W S Y S T E M							R E B A T E	
A	B	C	D	E	F	G	H	I	J	K	L
Old Equipment Description	Old Equipment Code*	Qty.	New Equipment Description	New Equipment Code*	Total LED Wattage (if applicable)	Qty.	Annual Hours of Operation	Check Here if Operated 10pm – 6am	Equipment Cost	Rebate Amount per Equipment*	Total Rebate Amount (G x K)
1.								<input type="checkbox"/>	\$	\$	\$
2.								<input type="checkbox"/>	\$	\$	\$
3.								<input type="checkbox"/>	\$	\$	\$
4.								<input type="checkbox"/>	\$	\$	\$
5.								<input type="checkbox"/>	\$	\$	\$
6.								<input type="checkbox"/>	\$	\$	\$
7.								<input type="checkbox"/>	\$	\$	\$
8.								<input type="checkbox"/>	\$	\$	\$
9.								<input type="checkbox"/>	\$	\$	\$
10.								<input type="checkbox"/>	\$	\$	\$
11.								<input type="checkbox"/>	\$	\$	\$
12.								<input type="checkbox"/>	\$	\$	\$

LIGHTING EQUIPMENT SUBTOTAL \$

*For equipment codes and rebate amounts, please see the Tables included with this application or feel free to visit our web site as listed on the back of this application.

OCCUPANCY SENSORS/PHOTOCELLS:

Project Type: NEW CONSTRUCTION
 RETROFIT

C O N T R O L L E D E Q U I P M E N T				O C C U P A N C Y S E N S O R S / P H O T O C E L L S				R E B A T E		
A	B	C	D	E	F	G	H	I	J	K
Controlled Equipment Description	Equipment Code*	Qty. Controlled by Sensors/ Photocells	Annual Hours of Operation	Sensor/Photocell Description	Equipment Code*	Qty.	% of Time Lights Off	Total Cost of Sensors/ Photocells	Rebate Amount per Sensor/Photocell*	Total Rebate Amount (G x J)
1.								\$	\$	\$
2.								\$	\$	\$
3.								\$	\$	\$
4.								\$	\$	\$
5.								\$	\$	\$
6.								\$	\$	\$
7.								\$	\$	\$
8.								\$	\$	\$
9.								\$	\$	\$
10.								\$	\$	\$
11.								\$	\$	\$
12.								\$	\$	\$
OCCUPANCY SENSORS/PHOTOCELLS SUBTOTAL									\$	\$

*For equipment codes and rebate amounts, please see the Tables included with this application or feel free to visit our web site as listed on the back of this application.

TOTAL REBATE AMOUNT
(LIGHTING EQUIPMENT SUBTOTAL + OCCUPANCY SENSORS/PHOTOCELLS SUBTOTAL)

5. TERMS AND CONDITIONS

1. ELIGIBILITY

Rebates are available to non-residential electric customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory. Rebates are for installed equipment only – extra bulbs/ballasts are NOT eligible. For lighting retrofit systems to be eligible, they must show a net reduction in kW usage from that of the existing lighting system.

2. APPLICATION

Program is offered January 1 through December 31 of the respective calendar year. **Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-serve basis.** The entire rebate application must be read and filled out completely or application will be returned.

3. INSPECTION AND VERIFICATION

The Utility reserves the right to inspect the customer's facility through on-site visits before and after new equipment installation to verify rebate eligibility.

4. INSTALLATION AND REBATE AMOUNTS

Qualifying energy-efficient equipment installed and operational within six (6) months of the date of purchase are eligible for rebate. Additional time may be granted subject to the Utility's pre-approval. In no case will the rebate paid by The Utility exceed the purchase price of the equipment. The maximum rebate amount is \$25,000 per customer location per technology per year. The Utility can, at its sole discretion, increase rebate amounts.

5. INVOICE AND PAYMENT

Following inspection and verification (see #3) and completed installation, the customer must notify The Utility and submit original invoices specifying the quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. After satisfactory review of the application and invoices, a rebate check or bill credit will be issued to the customer. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit.

6. EQUIPMENT ELIGIBILITY REQUIREMENTS

To be eligible for a rebate, ballasts must meet the following requirements: 1) power factor greater than 90%, 2) U.L. approved, 3) class "A" sound ratings, 4) total harmonic distortion (THD) less than 20%, 5) warranted by the manufacturer for three (3) years. The Utility reserves the right to require documentation from a certified testing laboratory verifying ballast qualifications.

7. TAX INFORMATION

The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for details.

8. DISCLAIMER

The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at (800) 657-3864.

9. ENDORSEMENT

The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.

10. PRIVACY

Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners.

RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

Austin Utilities
400 - 4th Street NE
Austin, MN 55912
(507) 433-8886
(507) 433-5045 fax
www.austinutilities.com

Owatonna Public Utilities
P.O. Box 800
Owatonna, MN 55060
(507) 451-2480
(507) 451-4940 fax
www.owatonnautilities.com

Rochester Public Utilities
4000 East River Road NE
Rochester, MN 55906-2813
(507) 280-1500
(507) 280-1542 fax
www.rpu.org

