

# CONSERVE & \$AVE®

## COMMERCIAL LIGHTING REBATE APPLICATION

### 1. CUSTOMER INFORMATION (please print)

Account Name \_\_\_\_\_ Doing Business As (if different from Account Name) \_\_\_\_\_

Installation Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) (rebate check will be mailed here) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

Send us a rebate check.  Apply rebate to our account.

**Type of Business:**  Church  Government  Grocery  Health  Industrial  Lodging  
 Multi-family  Office  Restaurant  Retail  School  Other \_\_\_\_\_

**How did you hear about CONSERVE & SAVE®?**  Billboard  Chamber of Commerce  Contractor  Newspaper  Radio  
 Retailer/Vendor  TV  Utility Mailing  Utility Newsletter  Utility Representative  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 (rebate check will be mailed to contact) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

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® programs.

### 3. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_

Email \_\_\_\_\_

#### TEAMING UP TO SAVE YOU MONEY



**OFFICE USE ONLY** Date Received \_\_\_\_\_

Pre-Inspected?  YES  NO Date \_\_\_\_\_ Initials \_\_\_\_\_

Post-Inspected?  YES  NO Date \_\_\_\_\_ Initials \_\_\_\_\_

TOTAL REBATE AMOUNT \$ \_\_\_\_\_

## 4. REBATE INFORMATION: 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	M
Equipment Code*	Old Equipment Description	Qty.	New Equipment Code*	New Equipment Description	Total LED Wattage <i>(if applicable)</i>	Qty.	Is This Space Air-Conditioned?	Annual Hours of Operation#	Check Here if Operated 10pm – 6am	Total Equipment Cost <i>(not including labor) (Unit Cost x G)</i>	Rebate Amount per Equipment*	Total Rebate Amount <i>(G x L)</i>
1.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
7.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
8.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
9.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
10.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$

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

**LIGHTING EQUIPMENT SUBTOTAL**      \$

### #Guidelines for Annual Hours of Operation:

Building Type	Hours
24-Hour Facility/Exits	8,760
College	5,010
Exterior Lighting	4,380
Grocery/Supermarket	4,612
Health	3,392
Hospital (rooms)	4,532
Hotel/Motel (rooms)	2,697

Building Type	Hours
Manufacturing	5,913
Office	3,435
Restaurant	4,156
Retail	3,068
School (Elementary/Secondary)	2,080
Warehouse	2,388
Other/Miscellaneous	2,278

### TOTAL LABOR COST FOR ALL LIGHTING IMPROVEMENTS

This is the total labor cost for installation of ALL equipment listed on pages 2 and 3 – Lighting Equipment, Occupancy Sensors, and Photocells.

**\$**

## 5. REBATE INFORMATION: 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	L
Equipment Code*	Controlled Equipment Description	Qty. Controlled by Sensors/ Photocells	Annual Hours of Operation#	Equipment Code*	Sensor/Photocell Description	Qty.	Is This Space Air Conditioned?	% of Time Lights Are Off**	Total Cost of Sensors/ Photocells	Rebate Amount per Sensor/Photocell*	Total Rebate Amount (G x I)
1.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
7.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
8.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
9.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$
10.							<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$

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

### OCCUPANCY SENSORS/PHOTOCELLS SUBTOTAL

\*\*Guidelines for % of Time Lights Are Off:

Sensor Type	% of Time Lights Are Off
Occupancy Sensor – Wall Mount	30%
Occupancy Sensor – Ceiling Mount	30%
Photocell – Continuous Dimming	30%
Photocell – Multiple Step Dimming	20%
Photocell – On/Off	10%

(LIGHTING EQUIPMENT SUBTOTAL + OCCUPANCY SENSORS/PHOTOCELLS SUBTOTAL)

**TOTAL LABOR COST FOR ALL LIGHTING IMPROVEMENTS**  
 This is the total labor cost for installation of ALL equipment listed on pages 2 and 3  
 – Lighting Equipment, Occupancy Sensors, and Photocells.

\$

## 6. 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 \$100,000 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. QUALIFYING EQUIPMENT

#### Ballasts:

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.

#### Reflectors:

To qualify as a reflector, white or specular metal reflectors must have a minimum reflectivity rating of 90%.

#### Exit Signs:

Only new exit signs that replace incandescent or CFL exit signs qualify. All new exit signs must meet UL-924 requirements. Exit signs must have a usage level less than 5 watts. New exit signs must meet local fire codes. Retrofit kits are not eligible.

### 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 and also may be used in our advertising efforts with your permission as granted in Section 2 of this rebate application.

## RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

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

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

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