Butler Rural Electric Cooperative Commerical & Industrial Custom Lighting Rebate Application

	Butler Rural Electric Cooperative, Inc. Your Touchstone Energy Partner
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Commencal & industrial Custom Lighting Repate Application									
SECTION 1: MEMBER INFORMATION									
Company	Name		Mailing Address	100	City	State	Zip Code		
SECTION 2: JC		RMATION	Walling Address		City	State	zip code		
020110112110									
Job Site Address (p	hysical address)	City	State		Zip Code		Facility Size (approx. sq. ft)		
			MPANY INFORMATION	N			, , , , , , , , , , , , , , , , , , , ,		
0_011011011_		,							
Lighting Co. or Insta	alling Contractor		Address		City	State	Zip Code		
SECTION 4: LI	-	DRMATION			,		P		
	EXIST	ING LAMPS REMO	/ED / TO BE REMOVED				ANNUAL FACILITY HOURS OF		
# of Lamps Wa	atts per Lamp		Type of Lamp ⁽¹⁾		Total Watts		OPERATION		
							PROJECT COST		
							(excluding labor)		
							PROJECT COMPLETION DATE		
							PROJECT		
							REBATE AMOUNT (2)		
							\$		
							COOPERATIVE CONTRIBUTION \$ -		
			Existing Lamps Total Watts				· ·		
	NEW ENERGY	V FEEICIENT I AMPS	INSTALLED / TO BE INSTALLED			i			
	NEW ENERGI	ETTICIENT EAWN 3	MSTALLED / TO BE INSTALLED	Interior					
# of Lamps Wa	itts per Lamp	T [*]	ype of Lamp ⁽¹⁾	or Exterior	Total Watts				
Yumaning and the state of the s									
			New Lamps Total Watts			The second secon			
			Total Lamp Watts Reduced			=			
			oor, metal halide, high pressure so times \$1 = Rebate Amount. Reba				duction, Other. cost (excluding labor), up to a total maximum		
			quote for pre-approval, an invoice g labor), and product spec sheets		application, to in	nclude la	mp quantities, lamp wattage, type of lamp,		
Project must be co	=		ne 30, 2026. Final application a 026, to be applicable for this p	-			ust be submitted to Butler Rural Electric based on availability.		
SECTION 4: CO-OP CONFIRMATION									
I acknowledge the information on this application is accurate and complete and it complies with the terms and conditions of this program.									
Butler Rural Electric Cooperative Cooperative Representative Submitting this Form Submission Date									