

ELIGIBILITY CRITERIA

- ❖ New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed the equipment cost.
- ❖ Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of purchase date.
- ❖ Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- ❖ **Required documentation** listed below must be submitted no later than 3 months after purchase date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ For fixtures (non-residential only), include packaging or documentation showing number of lumens

Submit required documentation to: Clark Electric Cooperative – PO Box 190 – Greenwood, WI 54437

MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email		
			<i>Email addresses will be used for cooperative communication only.</i>		
Address			Account	Phone	
City	State	Zip	Date	Member Signature	
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

INCENTIVE INFORMATION: *(Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.)*

Equipment	Incentive		Quantity	Equipment Cost	Total Incentive	
LED Bulb	\$0.50	Incentive request must be for 5 or more bulbs. Quantities less than 5 bulbs do not qualify.				
LED Exit Sign	\$5					
LED Fixture	\$0.50 per 800 lumens	Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.				
		Number of Lumens per Fixture:		Number of Fixtures:		
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Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures				

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason:	Total Incentive Issued: \$
Cooperative Representative:	Date: