



LIGHTING

2025 Energy Efficiency Incentive Form

A Touchstone Energy® Cooperative This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed 50% of the equipment cost.
- Incentives are in place through December 31, 2025. 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 to: srec@srec.net or Scenic Rivers Energy Cooperative 206 County Rd K Lancaster WI 53813										
MEMBER INFORMATION (Please fill out entire section)										
Member Name				Email *Email addresses will be used for cooperative communication only						
Address				Account Pho			none			
City		State	State Zip Date			Member Signature				
Incentive for:	Residential	☐Farm ☐Commercial ☐Industrial ☐Institution/Governm					ent Other:			
INCENTIVE INFORMATION:										
(Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.)									Total	
Equipment	Incentive						Quantity	Equipment Cost	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								
Total Incentive Amount Requested:										
	OFFICE USE ONLY									
Approved Not Approved-Reason:							Total Incentive Issued: \$			
Cooperative Representative:							Date:			