

MPW 2024 COMMERCIAL/INDUSTRIAL REBATE FORM

Lighting

PLEASE READ TERMS AND CONDITIONS BEFORE COMPLETING APPLICATION

Name					Phone #			_ Acc	t.#							
Mailing Address _				/	, IA			. Zi	p							
Service Address (if different)																
	800 SERIES			LUORESCEN ORESCENT (WIT					DINGS	S ON	LY)					
						Annual Hours of Operation:										
Date Installed	Brand/Ma	nufacturer Name	2	Model # Installed		New Watta	age	Purchase Price					Number Installed			
				Equipment Replaced			nge	Old Annu Hours	Old Annual Hours				nber noved			
Calculate Rebate: N	lumber of bulb	s		x 4 = \$			(\$4 rebate per bu	lb max n	ot to ex	ceed	50%	of pu	rchase price)			
	800 SERIES	4 FOOT T8 H		IGH BAY LIG				NG BUI	LDING	S OI	NLY)					
ENERGY STAR or Design L					<u> </u>	T	ual Hours of Oper			-	,					
Date Installed	Brand/Ma	nufacturer Name	2	Model # Installed		New Watta	nge	Purchase Price					Number Installed			
				Equipment Replaced		Old Watta	nge	Old Annua Hours	al				Number Removed			
Calculate Rebate: N	umber of bulb	s		x 14 = \$								exceed 50% of purchase price)				
	800 SI	ERIES 4 FOO	T HIGI	H BAY T5HO FIX	TURES (ABOVE	15 FT.	, EXISTING BU	ILDING	S ONL	Y)						
ENERGY STAR or Design L	_ights Consortium™	qualified				Annı	ual Hours of Oper									
Date Installed Brand/Manufacturer Name			Model # Installed			ige	Purchase Price	Price			Num Insta					
			Equipment Replaced			nge	Old Annual Hours					Number Removed				
Calculate Rebate: Number of bulbs				x 15 = \$		(\$15 rebate per bulb max not to exceed 50% of purchase price)										
			VIT	CICN DEDI A	CEMENT IN	FOR	MATION									
				SIGN REPLA s of Operation/Year	Total # of Fixtures		Rebate per Fixtu	re =	1	otal R	ehate	2	Total Equipment Cost			
Photoluminescent exit si	ans/replacing inca	ndescent or		15 of Operation, real Total # of Fixeure.			\$10.00									
LED Exit signs/replacing						x \$5.00										
							,						I			
				LEC	FIXTURES											
LED Recessed Cans		Rebate: 50%	of fixtu	ure (up to \$20):		Х	Number:			=	\$					
				LED MI	SCELLANEC	IIS										
Strip Lighting - excludes rope lighting Rebate: \$2.00 per lighting							1		feet	feet = \$						
LED Refrigerated Case Lighting Reparts: \$2.00 per lighting							feet			\$						
(for existing buildings	s only)					X				=	•					
		SCRI	EW-I	N TYPE LED	LIGHT BUL	B IN	FORMATIO	N								
ENERGY STAR or Design L	ENERGY STAR or Design Lights Consortium™ qualified															
Date Installed	Brand/ Mfr. Name			Model # Installed			age	Purchase Price				Num				
Calculate Rebate: Nu	x 10 = \$	Wattage (\$10 rebate ne			Price Installed or bulb max not to exceed 50% of purchase price)											
				· ,									· · · · · · · · · · · · · · · · · · ·			

2024 COMMERCIAL/INDUSTRIAL REBATE FORM Lighting 2 of 3

					LE	ח	LIGHT	FIXTURE <	30 WAT	TS (replacing	HID)							
ENERGY ST	AR or Design	Lights (Consortium ¹	™ qu						lacement for Linea		t ta	ble (bottom o	of po	age 2)			
☐ Inte	rior	[Exterio	r			Annu	al Hours of Opera	tion:									
Date	Brand/				Model Installe	# ad	Bulb Wattage	Purchas Price	Number									
Installed Mfr. Name Calculate Rebate: Number of fixtures				x 25 = \$			Installed end 50% of r	ed 50% of purchase price)										
curculate			Incandesce					HID		Bulb	ate max per	11/10			to fixtures, n		-	
	перисез		meuraesee					1110		Wattage			тиз арри	103	to fixtures, fi	ot buibs		
					LED	LI	GHT F	IXTURE 31	-100 WA	TTS (replacin	g HID)							
ENERGY ST	AR or Design	Lights (Consortium	™ qu	ıalified.	Wh	en replacing	linear fluorescents,	use the replacen	ments for linear fluor	escents form (pag	e 3)					
☐ Inte	rior	[Exterio	r			Annu	al Hours of Opera	tion:									
Date Installed		Branc Mfr. N	d/ Name				Model Installe	# ed		Bulb Wattage	Purchas Price		Number Installed					
Calculate	Rebate: N		er of fixtu	res				x 50 = \$			ate max per	fixt	ure not to	ехсе	eed 50% of p	red 50% of purchase price)		
	Replaces		Incandesce					HID		Bulb Wattage					to fixtures, n			
	•									wattage								
					LEI	D L	IGHT I	FIXTURE >	101 WAT	TS (replacing	HID)							
ENERGY ST	AR or Design	Lights (Consortium	™ qu	ıalified.	Whe	n replacing l	inear fluorescents, u	ise the replacem	ents for linear fluore	scents form (p	age	3)					
☐ Inte	rior	[Exterio	r			Annu	al Hours of Opera	tion :									
Date Installed	Brand/ d Mfr. Name			Model Install	# ed		Bulb Wattage		Number Installed									
Calculate	Rebate: N	lumbe	er of fixtu	res				x 75 = \$		(\$75 reb	ate max per	fixt	ure not to	ехсе	eed 50% of p	urchase	price)	
Replaces Incandescent HID Bulb Wattage This applies to fixtures, not bu						ot bulbs	5											
									·									
					LEC	R	EPLAC	EMENT FO	R LINEA	R FLUORES	CENT							
A	Tourse	Eq	uipment	Re			Tabel	ı		ment ENERGY STA		ight		™ qı		14/	- D. d d	
Annual Hours of Operation	Type of Equipmen Replaced		Qty. of Equip. Replaced	х	Wattage of Equip. Replaced	=	Total Wattage Old Equip.	Type of new Equip. to be Installed	Manufacturer of New Equipment	Model # of new Equipment	Qty. of New Equip.	х	Wattage of New Equip.	=	Total Watt. of New Equipment	(Old	s Reduced I wattage nus new)	
		<u> </u>		х		=						Х		=			,	
				х		=						х		=				
				х		=						х		=				
				x		=						х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				х		=						Х		=				
				x		=						х		=				
				x		=						х		=				
				x		=						х		=				
											To	tal	Wattage R	edı	uced (Sum)			
	**R	ebate =	= \$0.40 per	wat	t reduced o	r 50	% of equip	ment cost, which	never is less						Rebate	х	\$ 0.40	
			-												Total **	=		

	# Watts	Hours Operation/Year	Total # of Lamps	х	Rebate per Bulb/Lamp	=	Total Rebate	Total Equipment Cost
Pulse Start or Ceramic Metal Halide ≤ 320 watts*				х	\$25.00	=		
Pulse Start or Ceramic Metal Halide ≥ 320 watts**				х	\$50.00	=		
Metal Halide replacement lamp < 360 watt replacing 400 watt				х	\$3.00	=		

^{**} The qualified fixture may be new pulse start metal halide fixtures or retrofit kits that replace probe. The retrofit kit must include lamp and ballast. Retrofit to Pulse Start or Ceramic Metal Halide, ≥ 320 watts

	(ONTROLS INFO		1					
Equipment	Date Installed	Hours Operation Prior to Control installation	Rebate	Х	# of Units	=	Total	Equipment Cost	Total Watts Controlled by All Controllers
Daylighting Controls (Daylight Harvesting ballast) Minimum 45 watts controlled per control			\$20.00	Х		=			
Ooccupancy sensors - contorolling greater than or equal to 100 watts (per control) Wall-switch, fixture-mounted remote-mounted controlling greater than or equal to 100 watts			\$20.00	х		=			
Time Clocks and Timers (Commercial Grade) Minimum 45 watts controlled per control - Annual Lighting hours before clock/timer installed - Annual lighting hours after clock/timer installed and in "on" mode		Total Wattage Controlled Annual Hours Annual Hours	\$20.00	х		=			
Bi-level stairwell/corridor Stairwell Corridor/Hallway		Total Wattage Controlled	\$20.00	х		=			

Terms and Conditions

Verification: All equipment must be new. Original sales receipt indicating items purchased, date of purchase location, quantity, and price must accompany rebate application. Pre-approval required before implementation of projects with potential rebates over \$2,000. Incomplete applications will be returned.

Disclaimer: MPW does not guarantee that implementation of energy efficiency measures or use of the equipment purchased and/or installed under this program will result in reduced energy usage or cost savings. MPW makes no warranties, express or implied, with respect to any equipment purchased and/or installed including, but not limited to, any warranty of merchantability or fitness for purpose. In no event shall MPW be liable for any incidental or consequential damages.

Additional Information: Additional information on MPW's energy efficiency program may be obtained by calling MPW at 262-3423.

CUSTOMED	SIGNATURE AND CERTIFICATION	N				
COSTOWIER	SIGNATURE AND CERTIFICATION	IN				
I certify that I have purchased the equipment described in this form and that it	t has been installed at the service address indicated. I a	agree to the ten	ms and c	onditions associated with this form.		
Customer Installed Equipment	Dealer Installed Equipment (Dealer/Contractor must	fill out Dealer,	Contracto	or or Store box below)		
Customer Signature			Date			
FOR DEALER, CONTRACTOR OR STORE ONLY						
Dealer/Contractor/ Store Name	Dealer ID (if applicable)	Phone #				
Address	City	State		Zip		
I certify that all equipment and installation information provided on this application is correct and accurate						
Dealer Contractor Signature:		Date				

Before you turn in your form:

Ш	Fill out the form completely.
	Attach a copy of the sales receipt or invoice. Circle the energy-efficient equipment on the receipt.
	Include documentation listed in the instructions.
	Sign the Customer Signature and Certification selection. If a dealer installed the equipment, the dealer must sign the Dealer,
	Contractor or Store section.

Submit claim form(s), receipt(s), and required documentation for 2023 purchases by March 31, 2024.

Mail completed forms to:

Muscatine Power & Water Attention: Paul Burback Energy Services Advisor 3205 Cedar Street Muscatine, IA 52761

Telephone: 563-262-3423 Fax:

563-262-3373

^{*}The qualified fixture may be new pulse start metal halide fixtures or retrofit kits that replace probe. The retrofit kit must include lamp and ballast. Retrofit to Pulse Start or Ceramic Metal Halide, ≤ 320 watts