



MPW

2024 COMMERCIAL/INDUSTRIAL REBATE FORM

Lighting

PLEASE READ TERMS AND CONDITIONS BEFORE COMPLETING APPLICATION

Name _____	Phone # _____	Acct. # _____
Mailing Address _____	City _____, IA	Zip _____
Service Address (if different) _____	City _____, IA	Zip _____

LINEAR FLUORESCENT FIXTURES REPLACING T12 800 SERIES 4 FOOT T5-T8 FLUORESCENT (WITH ELECTRONIC BALLASTS, EXISTING BUILDINGS ONLY)					
ENERGY STAR or Design Lights Consortium™ qualified			Annual Hours of Operation :		
Date Installed	Brand/Manufacturer Name	Model # Installed	New Wattage	Purchase Price	Number Installed
		Equipment Replaced	Old Wattage	Old Annual Hours	Number Removed
Calculate Rebate: Number of bulbs _____ x 4 = \$ _____ (\$4 rebate per bulb max not to exceed 50% of purchase price)					

HIGH BAY LIGHTING INFORMATION 800 SERIES 4 FOOT T8 HIGH BAY FLUORESCENT FIXTURES (ABOVE 15 FT., EXISTING BUILDINGS ONLY)					
ENERGY STAR or Design Lights Consortium™ qualified			Annual Hours of Operation :		
Date Installed	Brand/Manufacturer Name	Model # Installed	New Wattage	Purchase Price	Number Installed
		Equipment Replaced	Old Wattage	Old Annual Hours	Number Removed
Calculate Rebate: Number of bulbs _____ x 14 = \$ _____ (\$14 rebate per bulb max not to exceed 50% of purchase price)					

800 SERIES 4 FOOT HIGH BAY T5HO FIXTURES (ABOVE 15 FT., EXISTING BUILDINGS ONLY)					
ENERGY STAR or Design Lights Consortium™ qualified			Annual Hours of Operation :		
Date Installed	Brand/Manufacturer Name	Model # Installed	New Wattage	Purchase Price	Number Installed
		Equipment Replaced	Old Wattage	Old Annual Hours	Number Removed
Calculate Rebate: Number of bulbs _____ x 15 = \$ _____ (\$15 rebate per bulb max not to exceed 50% of purchase price)					

EXIT SIGN REPLACEMENT INFORMATION							
	Hours of Operation/Year	Total # of Fixtures	x	Rebate per Fixture	=	Total Rebate	Total Equipment Cost
Photoluminescent exit signs/replacing incandescent or			x	\$10.00	=		
LED Exit signs/replacing incandescent or CFL			x	\$5.00	=		

LED FIXTURES			
LED Recessed Cans	Rebate: 50% of fixture (up to \$20):	x	Number: _____ = \$ _____

LED MISCELLANEOUS			
Strip Lighting - excludes rope lighting (for existing buildings only)	Rebate: \$2.00 per lineal foot:	x	_____ feet = \$ _____
LED Refrigerated Case Lighting (for existing buildings only)	Rebate: \$2.00 per lineal foot:	x	_____ feet = \$ _____

SCREW-IN TYPE LED LIGHT BULB INFORMATION					
ENERGY STAR or Design Lights Consortium™ qualified		<input type="checkbox"/> Interior <input type="checkbox"/> Exterior		Annual Hours of Operation	
Date Installed	Brand/Mfr. Name	Model # Installed	Bulb Wattage	Purchase Price	Number Installed
Calculate Rebate: Number of bulbs _____ x 10 = \$ _____ (\$10 rebate per bulb max not to exceed 50% of purchase price)					

LED LIGHT FIXTURE ≤ 30 WATTS (replacing HID)					
ENERGY STAR or Design Lights Consortium™ qualified. <i>When replacing linear fluorescents, use the LED Replacement for Linear Fluorescent table (bottom of page 2)</i>					
<input type="checkbox"/> Interior <input type="checkbox"/> Exterior		Annual Hours of Operation :			
Date Installed	Brand/Mfr. Name	Model # Installed	Bulb Wattage	Purchase Price	Number Installed
Calculate Rebate: Number of fixtures _____ x 25 = \$ _____ (\$25 rebate max per fixture not to exceed 50% of purchase price)					
Replaces <input type="checkbox"/> Incandescent <input type="checkbox"/> HID		Bulb Wattage	This applies to fixtures, not bulbs		

LED LIGHT FIXTURE 31-100 WATTS (replacing HID)					
ENERGY STAR or Design Lights Consortium™ qualified. <i>When replacing linear fluorescents, use the replacements for linear fluorescents form (page 3)</i>					
<input type="checkbox"/> Interior <input type="checkbox"/> Exterior		Annual Hours of Operation :			
Date Installed	Brand/Mfr. Name	Model # Installed	Bulb Wattage	Purchase Price	Number Installed
Calculate Rebate: Number of fixtures _____ x 50 = \$ _____ (\$50 rebate max per fixture not to exceed 50% of purchase price)					
Replaces <input type="checkbox"/> Incandescent <input type="checkbox"/> HID		Bulb Wattage	This applies to fixtures, not bulbs		

LED LIGHT FIXTURE ≥ 101 WATTS (replacing HID)					
ENERGY STAR or Design Lights Consortium™ qualified. <i>When replacing linear fluorescents, use the replacements for linear fluorescents form (page 3)</i>					
<input type="checkbox"/> Interior <input type="checkbox"/> Exterior		Annual Hours of Operation :			
Date Installed	Brand/Mfr. Name	Model # Installed	Bulb Wattage	Purchase Price	Number Installed
Calculate Rebate: Number of fixtures _____ x 75 = \$ _____ (\$75 rebate max per fixture not to exceed 50% of purchase price)					
Replaces <input type="checkbox"/> Incandescent <input type="checkbox"/> HID		Bulb Wattage	This applies to fixtures, not bulbs		

LED REPLACEMENT FOR LINEAR FLUORESCENT														
Annual Hours of Operation	Equipment Replaced					New Equipment ENERGY STAR or Design Lights Consortium™ qualified.								Watts Reduced (Old wattage minus new)
	Type of Equipment Replaced	Qty. of Equip. Replaced	x	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.	x	Wattage of New Equip.	=	
			X		=						X		=	
			X		=						X		=	
			X		=						X		=	
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			X		=						X		=	
			X		=						X		=	
Total Wattage Reduced (Sum)														

**Rebate = \$0.40 per watt reduced or 50% of equipment cost, whichever is less

Rebate x \$ 0.40

Total ** =

ENERGY EFFICIENT COMMERCIAL LIGHTING INFORMATION

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

**CONTROLS INFORMATION
NEW EQUIPMENT INFORMATION**

Equipment	Date Installed	Hours Operation Prior to Control installation	Rebate	x	# of Units	=	Total	Equipment Cost	Total Watts Controlled by All Controllers
Daylighting Controls (Daylight Harvesting ballast) Minimum 45 watts controlled per control			\$20.00	x		=			
Occupancy sensors - controlling 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	x		=			
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	x		=			
Bi-level stairwell/corridor <input type="checkbox"/> Stairwell <input type="checkbox"/> Corridor/Hallway		_____ Total Wattage Controlled	\$20.00	x		=			

Terms and Conditions

Verification: All equipment must be new. Original sales receipt indicating items purchased, date of purchase, 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**.

CUSTOMER SIGNATURE AND CERTIFICATION

I certify that I have purchased the equipment described in this form and that it has been installed at the service address indicated. I agree to the terms and conditions associated with this form.

Customer Installed Equipment Dealer Installed Equipment (Dealer/Contractor must fill out Dealer, Contractor or Store box below)

Customer Signature _____	Date _____
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FOR DEALER, CONTRACTOR OR STORE ONLY

Dealer/Contractor/Store Name	Dealer ID (if applicable)	Phone #	
Address	City	State	Zip
<i>I certify that all equipment and installation information provided on this application is correct and accurate</i>			
Dealer Contractor Signature: _____			Date _____

Before you turn in your form:

- 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 2024 purchases by March 31, 2025.

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**