

REBATES FOR BUSINESS

Thank you for your commitment to energy efficiency



▶ Commercial Lighting

Irrigation

step 1 Basic Project & Building Information

PROJECT NAME

STREET ADDRESS CITY STATE ZIP CODE

SECTOR

BUILDING TYPE

PROJECT TYPE (NEW CONST/RETROFIT)

step 2 Member Information

(name, address and home information)

COMPANY NAME

MAILING ADDRESS CITY STATE ZIP CODE

CONTACT NAME

CONTACT PHONE

EMAIL

INLAND POWER ACCOUNT NUMBER

step 3 Contractor/Trade Ally

COMPANY

CONTACT NAME CONTRACTOR PHONE CONTRACTOR EMAIL

step 4 Additional Lighting Analysts, Electricians, Etc.

COMPANY	CONTACT NAME	PHONE NUMBER	EMAIL

step 5 Space Specific Lighting Schedule & Other Details

SPACE ID _____ **DAILY HOURS OF LIGHTING USAGE**

USE WHOLE BLDG INFO YES NO

S	M	T	W	Th	F	S
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SPACE CONDITIONING HEATED OR COOLED? _____

USE WHOLE BLDG INFO YES NO HEATING SYSTEM TYPE: _____

EXISTING LIGHTING	EXISTING FIXTURES	EXISTING BALLAST	EXISTING LAMPS	EXISTING FIXTURE QUANTITY	NEW LIGHTING	NEW FIXTURES	NEW BALLAST	FIXTURE QUANTITY:
	<input type="checkbox"/> T12 <input type="checkbox"/> T8 <input type="checkbox"/> HPS <input type="checkbox"/> T5 <input type="checkbox"/> MH <input type="checkbox"/> MV <input type="checkbox"/> INCANDESCENT	<input type="checkbox"/> MAGNETIC <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> HO <input type="checkbox"/> PULSE	<input type="checkbox"/> STANDARD <input type="checkbox"/> HO <input type="checkbox"/> VHO <input type="checkbox"/> SLIMLINE <input type="checkbox"/> OTHER*	FIXTURE LENGTH # OF LAMPS <input type="checkbox"/> 48" <input type="checkbox"/> 1 <input type="checkbox"/> 72" <input type="checkbox"/> 2 <input type="checkbox"/> 96" <input type="checkbox"/> 3 <input type="checkbox"/> OTHER* <input type="checkbox"/> 4		<input type="checkbox"/> LED <input type="checkbox"/> OTHER*	<input type="checkbox"/> ELECTRONIC <input type="checkbox"/> PGM-START <input type="checkbox"/> DIMMABLE <input type="checkbox"/> LO OUTPUT <input type="checkbox"/> OTHER*	FIXTURE LENGTH # OF LAMPS <input type="checkbox"/> 48" <input type="checkbox"/> 1 <input type="checkbox"/> 72" <input type="checkbox"/> 2 <input type="checkbox"/> 96" <input type="checkbox"/> 3 <input type="checkbox"/> OTHER* <input type="checkbox"/> 4
	EXISTING CONTROLS: _____		LAMP WATTAGE: _____			NEW CONTROLS: _____		LAMP WATTAGE: _____

NOTES:

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USE WHOLE BLDG INFO <input type="checkbox"/> YES <input type="checkbox"/> NO	S	M	T	W	Th	F	S	USE WHOLE BLDG INFO <input type="checkbox"/> YES <input type="checkbox"/> NO		HEATING SYSTEM TYPE: _____					
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	<input type="checkbox"/> T12	<input type="checkbox"/> T8	<input type="checkbox"/> MAGNETIC	<input type="checkbox"/> ELECTRONIC	<input type="checkbox"/> STANDARD	<input type="checkbox"/> HO	FIXTURE LENGTH	# OF LAMPS		<input type="checkbox"/> LED	<input type="checkbox"/> ELECTRONIC	FIXTURE LENGTH	# OF LAMPS		
	<input type="checkbox"/> HPS	<input type="checkbox"/> T5	<input type="checkbox"/> HO	<input type="checkbox"/> PULSE	<input type="checkbox"/> HO	<input type="checkbox"/> VHO	<input type="checkbox"/> 48"	<input type="checkbox"/> 1		<input type="checkbox"/> OTHER*	<input type="checkbox"/> PGM-START	<input type="checkbox"/> 48"	<input type="checkbox"/> 1		
	<input type="checkbox"/> MH		<input type="checkbox"/> SLIMLINE	<input type="checkbox"/> OTHER*	<input type="checkbox"/> 72"	<input type="checkbox"/> 2	<input type="checkbox"/> 72"	<input type="checkbox"/> 2		<input type="checkbox"/> DIMMABLE	<input type="checkbox"/> LO OUTPUT	<input type="checkbox"/> 72"	<input type="checkbox"/> 2		
<input type="checkbox"/> MV				<input type="checkbox"/> 96"	<input type="checkbox"/> 3	<input type="checkbox"/> 96"	<input type="checkbox"/> 3	<input type="checkbox"/> OTHER*	<input type="checkbox"/> OTHER*	<input type="checkbox"/> 96"	<input type="checkbox"/> 3				
<input type="checkbox"/> INCANDESCENT				<input type="checkbox"/> OTHER*	<input type="checkbox"/> 4	<input type="checkbox"/> OTHER*	<input type="checkbox"/> 4			<input type="checkbox"/> OTHER*	<input type="checkbox"/> 4				
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