



Your Touchstone Energy® Cooperative 



LIGHTING

2026 Energy Efficiency Incentive Form

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, 2026. 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) and date circled
 - ✓ For fixtures (non-residential only), include packaging or documentation showing number of lumens

Submit required documentation to: Vernon Electric Cooperative, 110 Saugstad Road, Westby, WI 54667 or info@vernonelectric.org

MEMBER INFORMATION (Please fill out entire section)

Member Name		Email *Email addresses will be used for cooperative communication only			
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	<i>Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.</i>					
		Number of Lumens per Fixture:		Number of Fixtures:			
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		Number of Lumens per Fixture:		Number of Fixtures:			
		Number of Lumens per Fixture:		Number of Fixtures:			
Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures					
Total Incentive Amount Requested:							
OFFICE USE ONLY							
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason:						Total Incentive Issued: \$	
Cooperative Representative:						Date:	