



LIGHTING

2025 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, 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 required documentation to: Bayfield Electric Cooperative

PO Box 68, Iron River WI 54847										
MEMBER INFORMATION (Please fill out entire section)										
Member Name				Email *Email addresses will be used for cooperative communication only						
Address				Account Phone		Phone				
City		State	Zip	Date Member S		ignature				
Incentive for:	Residential	sidential 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.)										
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	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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		Number of Lumens per Fixture: Number of Fixture			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								
Approved Not Approved-Reason:							Total Incentive Issued: \$			
Cooperative Representative:							Date:			