



RESIDENTIAL LIGHTING REBATE APPLICATION

2023 REBATES



<p>TO RECEIVE A REBATE:</p> <ol style="list-style-type: none"> 1. Complete this rebate form 2. Send a copy of original sales receipt and/or invoice for each measure <p><i>Rebates not to exceed 50% or 75% of total lighting cost, see details by measure below.</i></p>	<p>MAIL TO: Madelia Municipal Light & Power ATTN: Rebate Program 24 Abbot Ave SW Madelia, MN 56062</p>	<p>E-MAIL TO: rebates@madelialightandpower.com</p>
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Customer Information				
Name of Homeowner	Phone	Installation Date	County	
Installation Address	City		State	Zip Code
Mailing Address	City		State	Zip Code
E-Mail Address	MMLP Account Number			

Retailer/Contractor/Installer Information				
Company Name	Mailing Address	City	State	Zip Code
Phone	E-Mail Address			

Certifications and Signature		
<p>I hereby certify that</p> <ul style="list-style-type: none"> • The information contained in this application is accurate and complete • All installation is complete, and the unit(s) is operational prior to submitting application. • All rules of this rebate program have been followed <p>I agree to verification of equipment installation which may include a site inspection by a program or utility representative if necessary. I understand that I am not allowed to receive more than one rebate from this program on any piece of equipment. I agree to indemnify, defend, hold harmless and release MMLP from any claims, damages, liabilities, costs and expenses (including reasonable attorney's fees) arising from or relating to the removal, disposal, installation or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special or consequential damages.</p> <p>MMLP reserves the right to reject any rebate application submitted as a result of work performed by a contractor who has failed to adhere to the terms and conditions established for the rebate program.</p> <p>Please sign and complete all information below.</p>		
Homeowner Signature	Print Name	Date

MMLP Use Only			
Date Received	Rebate Approved Yes No	Amount	Date Approved
MMLP Representative			

LIST OF LIGHTING THAT QUALIFIES FOR REBATES

LED LIGHTING (Applicable for screw in lights only. For other types of lighting, fill out Outdoor Fixtures, Holiday Lighting or Custom Lighting below as applicable)

REBATE: \$10/lamp or 75% of lamp cost

Quantity: _____

Space Type (circle one): Interior Living Quarters **OR** Multi Family Common Area **OR** Exterior/Unconditioned Space

HVAC Type (circle one): Heating Only **OR** Heating and Cooling **OR** Exterior/Unconditioned

Lumens _____ New Lighting Watts: _____ Date of Installation: _____

Delivery Method (circle one): Direct Install **OR** Retail/Time of Sale **OR** School Kit **OR** Direct Mail Kit

OUTDOOR LED FIXTURES

REBATE: Not to exceed 50% of lamp/fixture cost

Quantity: _____ Date of Installation: _____

Delivery Method (circle one): Direct Install **OR** Retail/Time of Sale **OR** School Kit **OR** Direct Mail Kit

LED HOLIDAY LIGHTING

REBATE: \$10/String (Not to exceed 50% of string cost)

Quantity of String Lights: _____ Quantity of Lights per String: _____

LED Lighting Type (circle one): LED Mini Holiday Lights **OR** LED C7 Holiday Lights **OR** LED C9 Holiday Lights

Date of Installation: _____

CUSTOM LIGHTING

REBATE: Not to exceed 50% of lamp/fixture cost

Quantity: _____

Space Type (circle one): Interior Living Quarters **OR** Multi Family Common Area **OR** Exterior/Unconditioned Space

HVAC Type (circle one): Heating Only **OR** Heating and Cooling **OR** Exterior/Unconditioned

Previous Lighting Watts: _____ New Lighting Watts: _____

Date of Installation: _____

Delivery Method (circle one): Direct Install **OR** Retail/Time of Sale **OR** School Kit **OR** Direct Mail Kit

LIGHTING CONTROLS

REBATE: \$15/Control (Not to exceed 50% of cost of control)

Total Connected Lighting Load (kW, If in watts, divide watts by 1,000 to get kW): _____

Space Type (circle one): Interior Living Quarters **OR** Multi Family Common Area **OR** Exterior/Unconditioned Space

HVAC Type (circle one): Heating Only **OR** Heating and Cooling **OR** Exterior/Unconditioned

Date of Installation: _____