

# INDIANOLA MUNICIPAL UTILITIES



Electric • Communications • Water

## Indianola Municipal Utilities Commercial Lighting Rebate Program

Commercial customers may receive a credit on their city utility account for installing energy efficient lighting either during new construction or as a retro fit. Facilities must be able to verify 1,000 hours of annual operating time to be eligible. Please contact IMU at 515-961-9410 for other program requirements prior to installation.

### Commercial Lighting Rebate Program Schedule

**(Rebates may not exceed 50% of the cost of the fixture or lamp)**

Electronic Ballast with T-5 or T-8 1 lamp (4 ft)	\$ 6 per fixture
Electronic Ballast with T-5 or T-8 2 lamp (4 ft)	\$ 8 per fixture
Electronic Ballast with T-5 or T-8 3 lamp (4 ft)	\$12 per fixture
Electronic Ballast with T-5 or T-8 4 lamp (4 ft)	\$16 per fixture
Electronic HO Ballast with T-8 1 lamp (8 ft)	\$10 per fixture
Electronic HO Ballast with T-8 2 lamp (8 ft)	\$10 per fixture
Electronic HO Ballast with hi-bay T-5 or T-8 (2 or more lamps, 4 ft)	\$10 per lamp
LED Indoor Lighting, Lamps	\$ 8 per lamp
LED Indoor Lighting, Fixtures	\$16 per fixture
LED Strip Display Case/Task Lighting	\$ 2 per linear foot
LED Refrigerator Case Lights	\$ 2 per linear foot
LED Exit Sign or Retrofit Kit	\$10 per fixture
Metal Halide <250 Watts	\$15 per fixture
Pulse Start Metal Halide 250-360 Watts	\$15 per fixture
Occupancy and Daylight Sensors	\$20 per fixture

Indianola Municipal Utilities will rebate commercial customers up to \$5,000 maximum per customer, per program year. The IMU program year begins July 1 and ends June 30.

### Application Requirements:

- Completed and signed rebate form.
- Itemized invoice listing the type of fixture, quantity, cost and installation date.
- Application and invoice must be received within *six months* of purchase date or rebate will be denied.

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## COMMERCIAL LIGHTING REBATE

Customers are required to complete and sign this application form. Please attach a copy of the itemized invoice from the contractor and return to IMU at the address indicated below. IMU reserves the right to deny applications where the cost exceeds the benefit in terms of increased efficiencies.

### CUSTOMER INFORMATION:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Installation Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTRACTOR/DEALER INFORMATION:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Site Visit Verification:

Number of Fixtures: \_\_\_\_\_

Type of Fixture: \_\_\_\_\_

Date: \_\_\_\_\_

### Return Completed Application Form to:

Indianola Municipal Utilities

210 W 2<sup>nd</sup> Ave

P.O. Box 356

Indianola, IA 50125