



# Jump River Electric Cooperative, Inc.

Since 1938

Your Touchstone Energy® Cooperative 

*This institution is an equal opportunity provider.*

## LIGHTING

### 2026 Energy Efficiency Incentive Form

#### 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: **PO Box 99, Ladysmith WI 54848**

#### 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	\$1	Incentive request must be for 5 or more bulbs. Quantities less than 5 bulbs do not qualify.					
LED Exit Sign	\$5						
LED Fixture	\$1 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:			
		Number of Lumens per Fixture:		Number of Fixtures:			
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		Number of Lumens per Fixture:		Number of Fixtures:			
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Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures					
<b>Total Incentive Amount Requested:</b>							
<b>OFFICE USE ONLY</b>							
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason:						Total Incentive Issued: \$	
Cooperative Representative:						Date:	