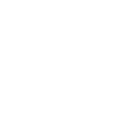


***Lighting Rebate Form 2025***

301 Main Ave S ~ PO Box 227 ~ Bigfork, MN 56628-0227 Phone: 218-743-3131 Toll Free: 800-762-4048 Fax: 218-743-3644

support@nieci.com

[www.northitascaelectric.com](http://www.northitascaelectric.com/)



**Member Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rebate Requirements:

Complete rebate form

Include a copy of your original sales receipt showing the item purchased.

Provide packaging showing the ENERGY STAR logo and quantity of bulbs.

**By signing this application, I certify the appliances for which I am claiming a rebate are qualifying products and are installed at the address listed above which represents a valid cooperative account.**

Members Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LED Home Light Bulbs

$2.00 per ENERGY STAR rated LED bulb (not to exceed 50% of total cost) Maximum of 10 bulbs.

\_\_\_\_\_ Bulbs Rebate amount $\_\_\_\_\_\_\_\_\_\_\_\_

$1.00 per ENERGY STAR rated string of LED holiday lights (not to exceed 50% of total cost).

\_\_\_\_\_ Strings Rebate amount $\_\_\_\_\_\_\_\_\_\_\_\_

$30.00 per ENERGY STAR or DCL rated LED Yard light. Include 50 – 100-watt replacements.

\_\_\_\_\_ Yard Lights Rebate amount $\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement method: (Accounting code – 908.11)

|  |
| --- |
|  |

Please credit my account

|  |
| --- |
|  |

Please send me a check

Cooperative Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_