



General Rebate Info & Consumer Database Survey

To be filled out in conjunction with specific product rebate form.

Mail to: 702 South 1st Street - Estherville, IA 51334

More info: 800-225-4532 - www.ilec.coop

****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name:
(if applicable) _____

Address: _____

City: _____ State: ____ Zip: _____

Home phone: _____ - _____ - _____

Cell phone: _____ - _____ - _____

E-mail: _____

Account # _____

Location # _____

Rebate unit installed at (location): Same as above Or other:

Name/business: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ - _____ - _____

Rebate Unit Installation Information

1. Rebate equipment installed in:

- Single family residence Farm outbuilding
 Multi-family unit: apt/condo/duplex/etc. Business

2. Building size (conditioned square feet):

- Less than 1,000 1,500 - 1,999 2,500 - 2,999
 1,000 - 1,499 2,000 - 2,499 More than 3,000

3. Building age (year of construction):

- Before 1960 1980 - 1989 2000 - 2004
 1960 - 1969 1990 - 1994 2005 - 2009
 1970 - 1979 1995 - 1999 After 2009

4. Building ownership: Owned Leased

5. Do you have an active farming operation served by the REC?

- Yes No

6. Rebate unit installed in: New construction Existing structure

7. Date unit installed (m/d/y): _____ - _____ - _____

8. Installer (if applicable) or purchased from:

Business name: _____

City: _____ State: ____ Zip: _____

Contact name: _____

Phone: _____ - _____ - _____

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- BUT GRU ILEC-CB MID-CB PRA
 CAL HUM ILEC-NIP MID-CIP RVEC
 FRA

All installations total rebate amount: \$ _____ . _____

- Form 7 category: Residential Small C&I
 Residential seasonal Large C&I

Rebate Information Sources

9. How did you first learn about the availability of this rebate?

- Dealer Newspaper Co-op newsletter
 Builder/contractor Radio Brochure/direct mail
 Co-op employee TV Co-op email
 Friend/relative Co-op website Other _____

10. When you decided to purchase this unit or participate in this program, what were your most important sources of information? (*all that apply*)

- Dealer Newspaper Co-op newsletter
 Builder/contractor Radio Brochure/direct mail
 Co-op employee TV Co-op email
 Friend/relative Co-op website Other _____

11. What were the most important factors influencing your purchase or program participation decision? (*all that apply*)

- Co-op rebate Higher efficiency new unit
 Safety of the new unit Previous unit quit working
 Wanted new color/style Other _____

12. Would you have purchased this unit or participated in this program without the co-op rebate?

- Not at all likely* 1 2 3 4 5 *Very likely*

Member Demographics

13. How long have you received electric service from your REC?

- <1 year 4 - 5 years 11 - 20 years >30 years
 1 - 3 years 6 - 10 years 21 - 30 years

14. What is the age of the primary account holder?

- Under 25 35 - 44 55 - 64 75+
 25 - 34 45 - 54 65 - 74

15. How many people live in the household?

- 1 2 3 4 5+

16. What are the primary sources of income for the household?

- Farming Professional Social Security
 Factory/Industrial Pension Agriculture Business
 Service Industry Office/Sales Other _____

17. What is the highest level of education completed?

- Less than high school diploma Some college
 High school graduate/GED College graduate
 Vocational/trade training Graduate or professional school

Please also complete form for specific rebate unit.

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Lighting Rebate

Program Criteria

- All lights must be used in member's home
- T8 or T5 fixtures - Require electronic ballast
- Decorative lighting LEDs (e.g. rope lights) not eligible
- Rebate cannot exceed cost of bulb or fixture

****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name: _____
(if applicable)

Location # _____

Zip code: _____

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Total T8/T5 2 ft. Rebate Amount: \$ _____ . _____

Total T8/T5 4 ft. Rebate Amount: \$ _____ . _____

Total T8/T5 8 ft. Rebate Amount: \$ _____ . _____

Total Lighting Rebate Amount: \$ _____ . _____

Installation date / /

Lighting Rebate

Note: Rebate cannot exceed cost of bulb or fixture.

1. New lighting unit type: (all that apply)

- T8 or T5 fixtures - Rebate up to \$6 per fixture [Also complete #2-5]
- LED bulbs - Rebate \$3 per bulb [Also complete #6]

2. Number of T8 or T5 2 foot size fixtures installed: _____

3. Total cost of 2 foot fixtures installed: \$ _____ . _____

4. Number of T8 or T5 4 foot size fixtures installed: _____

5. Number of T8 or T5 8 foot size fixtures installed: _____

6. Number of LED bulbs installed: _____

Replacement (Old Unit) Information

7. Replacement information:

- New installation/construction (nothing replaced)
- Old unit replaced
- Old unit kept in operation (secondary/back-up)

8. Approximately when was your old lighting system or bulbs installed?

- Before 1990 1995 - 1999 2005 - 2009
- 1990 - 1994 2000 - 2004 After 2009

9. Which type(s) of lighting did your new lighting system or bulbs replace? (all that apply)

- Incandescent Metal halide
- Compact fluorescent (CFL) T-5 or T-8 Fluorescent ballasts
- Light-emitting diode (LED) T-12 Fluorescent ballasts
- Other (specify) _____

10. Any additional comments:

****Dated copy of itemized sales receipt must be included****

Member certifies that the item listed in this application has been installed at the member's location served by ILEC. ILEC reserves the right to inspect home/equipment and verify this information before issuing a rebate. ILEC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member signature _____

Date / /

