

# Lighting Rebates

## Claim Form<sup>1</sup>

### I would prefer to:

- Receive a check for rebate amount
- Donate my rebate to Hometown Care Energy Fund  
(tax deductible)

### Customer information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Alliant Energy-IP&L account number:

\_\_\_\_\_

### Compact fluorescent light bulb information<sup>2</sup>:

*(Complete for each type of bulb. Include information on a 3x5 index card if necessary.)*

Installation date: \_\_\_\_\_ Quantity: \_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

Total cost: \_\_\_\_\_ Wattage: \_\_\_\_\_

### Ceiling fan/lighting fixture information<sup>3</sup>:

*(Complete for each type of fan/fixture. Include on a 3x5 index card if necessary.)*

Installation date: \_\_\_\_\_ Quantity: \_\_\_\_\_

Brand: \_\_\_\_\_ Model #: \_\_\_\_\_

Total cost: \_\_\_\_\_

#### Fixture type:

- Cabinet  Indoor suspended downlight
- Ceiling fan  Outdoor
- Indoor ceiling-mounted  Wall-mount
- Indoor recessed canister

#### Lamp type:

- CFL  High-pressure sodium (HPS)
- Circline  Incandescent with motion detector
- Halogen  Metal halide (MH)
- T-8 fluorescent  T-5 fluorescent

Lamp wattage: \_\_\_\_\_ # of lamps: \_\_\_\_\_

<sup>1</sup>Rebate amounts will not exceed 50 percent of the cost of the lighting equipment.

<sup>2</sup>Minimum of five bulbs per claim form with a maximum of 10 bulbs per customer account

<sup>3</sup>Maximum of five lighting fixtures and five ceiling fans per customer account

## Installed address (if different than above):

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

## How did you learn about the program?

- Direct mail    Television    Newspaper    Radio  
 Internet    Dealer    Word-of-mouth    Other

**Customer agreement:** I certify that this lighting equipment was purchased and installed on or after January 1, 2006. All statements made in this application are correct. I understand that Alliant Energy-IP&L reserves the right to inspect and verify any equipment before issuing rebates.

\_\_\_\_\_  
Customer signature

\_\_\_\_\_  
Date

**Mail completed claim form, cut out the UPC code(s) from each CFL bulb box (if applicable), include model number(s) and send copy of sales receipt to:**

Alliant Energy-IP&L  
Home Efficiency Solutions  
P.O. Box 351  
Cedar Rapids, IA 52406-0351

