										Form F
Posidontial Lighting										Office Use Only Rebate:
	Residential Lighting Rebate Application									Month/Year:
Electric Utility	Complete application and sign/date. All information is required to process rebate(s).									
CUSTOMER INF	ORMATION									
Account # (if known)			Date		Ph	one				
First Name				Last Name						
Installation Address					Email (optiona	al)				
City						State	•	Zi	ip	
Property Occupied	d by: 🗌 Tenant	Owner 🗌								
Mailing Address (if different)								r		
City						State	•	Zi	ip	
Look for the	e ENERGY STAR® la LED ligh			' STAR-certifi ncandescent				for th	ne reba	ate(s).
NEW EQUIPMENT INFORMATION		BRAN	D	MODEL N	JMBER	R	EQUIRE)	QTY	REBATE
Screw-In or Pin-Based LED (Up to 22W) Replaces: Incandescent Halogen Location:						Pro Wat exc	 ENERGY STAR Proof Included Wattage does not exceed 22W Receipt Included 			\$5 per Bulb
Ceiling Fan						Pro	ERGY STAI			\$25 per Fan
							Receipt Included		OTAL	\$
Rehate(s) w	/ill not exceed 100)% of the in	staller	l cost Reb	ates ar	e limiter	d to \$2 0			
City of Ukiah (City) r City specifications. any warranty, wheth savings associated changed or discontii I understand the ab	agreement, the custo reserves the right to ins The customer certifies her expressed or implie with use. City will no nued at any time by Cit ove and certify that I a s is within City service	spect complete that they are fa ed, for any ma t accept any l ty. m a customer	ed work a amiliar w terials or iability re	and installed pro ith, and agree t labor associate esulting from p	o, the sta ed with ir articipatio	andards re nstallation on in this	egarding th maintena program.	nis pro ince, r This i	gram. (epair, c rebate	City disclaims or any energ offer may be
CUSTOMER S			DATE							
	eted rebate application over \$600 paid									
		Rel	oate@e	sgrouplic.com	<u>n</u>]				
			City of Ukiah Attn: Energy Efficiency Rebates PO Box 13742 Sacramento, CA 95853							
R	ebate applications			within six (6) for rebate pro			hase to	qualif	fy.	
Ca	all 707-467-5700			•		-	ncy pro	gran	ıs.	
	Qualified low-income higher than those sho qualify, contact the S	own on this fo	orm. To	find out if you			e Use On ome Verif		n	

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