



AGRICULTURAL LIGHTING - MINNESOTA 2012 REBATE CLAIM FORM

INSTRUCTIONS: Fill out form completely, sign and include copy of receipts. Failure to complete the form and provide documentation could result in claim being sent back or denied.

Alliant Energy is the trade name of Interstate Power and Light Company (IPL). The utility providing the rebates is Interstate Power and Light Company (IPL), an Alliant Energy company, hereinafter referred to as Alliant Energy.

Questions about the forms or need assistance with the forms? Call our Energy Efficiency Hotline at 1-866-ALLIANT (1-866-255-4268).

CUSTOMER INFORMATION											
Person or Company Receiving Rebate			Mailing Address (if different than installation address)								
Installation Address			City	State	Zip						
City	State	Zip	Name on Alliant Energy Account/Contact Person								
Alliant Energy Account No. at Installation Address (if available) [] [] [] - [] [] [] - [] [] [] [] - [] [] [] []			Email address								
Year Facility Built (required)			Phone No. ()								
Non-Residential Building Type (check only one) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 16%;"><input type="checkbox"/> Type #1 Convenience Store Grocery Restaurant</td> <td style="width: 16%;"><input type="checkbox"/> Type #2 Apt./Condo (3+ Units) Hospital Lodging</td> <td style="width: 16%;"><input type="checkbox"/> Type #3 Church Health Clinic Warehouse Other Commercial</td> <td style="width: 16%;"><input type="checkbox"/> Type #4 Education Office Retail</td> <td style="width: 16%;"><input type="checkbox"/> Type #5 Industrial</td> <td style="width: 16%;"><input type="checkbox"/> Type #6 Agriculture Farm Building</td> </tr> </table>						<input type="checkbox"/> Type #1 Convenience Store Grocery Restaurant	<input type="checkbox"/> Type #2 Apt./Condo (3+ Units) Hospital Lodging	<input type="checkbox"/> Type #3 Church Health Clinic Warehouse Other Commercial	<input type="checkbox"/> Type #4 Education Office Retail	<input type="checkbox"/> Type #5 Industrial	<input type="checkbox"/> Type #6 Agriculture Farm Building
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Tax Status <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Sole-Proprietor*</td> <td><input type="checkbox"/> Partnership*</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Non-Profit</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Religious</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">*If sole-proprietor or partnership, you must provide a copy of your W-9 showing the Social Security or Federal Tax ID number and the associated legal name listed on the document. To comply with IRS regulations, you must provide a copy of your W-9 each time you submit a claim.</p>						<input type="checkbox"/> Sole-Proprietor*	<input type="checkbox"/> Partnership*	<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation	<input type="checkbox"/> Religious
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LIGHTING FIXTURE INFORMATION								
Equipment	# of watts	# of bulbs		Price Each	Rebate		Total	Installation Date
ENERGY STAR® Compact Fluorescent Light Bulbs			x	\$	x 50%	=	\$	
Equipment/ Qualification		# of units		Rebate			Total	Installation Date
Electronic Ballast with 1 T-8 bulb (4 ft.)/(existing buildings only)			x	\$6 per fixture		=	\$	
Electronic Ballast with 2 T-8 bulbs (4 ft.)/(existing buildings only)			x	\$10 per fixture		=	\$	
Electronic Ballast with 3 T-8 bulbs (4 ft.)/(existing buildings only)			x	\$14 per fixture		=	\$	
Electronic Ballast with 4 T-8 bulbs (4 ft.)/(existing buildings only)			x	\$18 per fixture		=	\$	
Electronic Ballast with 6 T-8 bulbs (4 ft.)/(existing buildings only)			x	\$23 per fixture		=	\$	
High Pressure Sodium Fixtures < 250 watts	# of watts _____		x	\$20 per fixture		=	\$	
High Pressure Sodium Fixtures 250-400 watts	# of watts _____		x	\$30 per fixture		=	\$	
Pulse start metal halide fixtures ≤ 320 watts	# of watts _____		x	\$25 per fixture		=	\$	
Pulse start metal halide fixtures > 320 watts	# of watts _____		x	\$50 per fixture		=	\$	
Metal halide replacement lamp 360 watt replacing a 400 watt			x	\$3 per bulb		=	\$	
Heat Lamp ≤ 175 watts			x	\$5 per lamp		=	\$	
CFL pin-type fixture			x	\$20 per fixture		=	\$	
GRAND TOTAL of Rebates							=	\$

Ag new construction <input type="checkbox"/> No <input type="checkbox"/> Yes (signature required)	Alliant Energy Agriculture Representative Signature _____	Date _____
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REMEMBER TO SIGN THE NEXT PAGE

SPECIFIC TERMS AND CONDITIONS

- A. Rebate limited to 50 percent of equipment purchase price.
- B. If equipment is installed as part of agriculture new construction, signature of Alliant Energy Agriculture Representative is required.
- C. Minimum purchase price of \$1 per bulb for Compact Fluorescent Light Bulbs.
- D. Used equipment does not qualify for rebate.

GENERAL TERMS AND CONDITIONS

IMPORTANT: Before completing and signing the form, please read the General Terms and Conditions located in the rebate booklets, or at alliantenergy.com/terms.

RISK OF LOSS, INDEMNITY AND DISCLAIMER

WHEREAS, while Alliant Energy may have entered into a Dealer Participation Agreement with Dealer on the reverse side of this document, any transaction for the purchase and/ or installation of equipment pursuant to this rebate claim is between the Participating Dealer and the Customer identified on the reverse side of this document. As a signatory to this document, you understand that Alliant Energy is not a party to such transaction and neither the Participating Dealer nor the Customer shall have any recourse to Alliant Energy related to such transaction.

NOW, THEREFORE, for good and valuable consideration, which is hereby acknowledged, by your signature you agree as follows:

1. **RISK OF LOSS; INDEMNITY.** Customer and Dealer hereby agree to assume all risk of loss associated with the equipment and to defend, indemnify and hold harmless Alliant Energy, its agents, officers, directors, employees and assigns, and to release same from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, injury to persons or property, that may be sustained by Customer, Dealer or a third party in connection with the installation, use or possession of the equipment or performance of the services, or relating in any way to the Dealer Participation Agreement or any rebate claim.
2. **DISCLAIMER.** Customer acknowledges, warrants and agrees that the services, materials and equipment have been provided by a third party, are suitable for its purposes and meet the criteria for a rebate hereunder. Any warranty on the equipment or services shall be provided through the equipment manufacturer or supplier or service provider. *Customer specifically acknowledges that Alliant Energy makes no representations or warranties of any kind, express or implied, as to the merchantability, fitness for a particular purpose, design or condition of the equipment or services.* The sum total liability of Alliant Energy to Customer and Dealer with respect to any claim or liability arising out of or related to this rebate claim, whether in contract, tort (including negligence), or other legal theory shall not exceed the amount of the rebate. Alliant Energy shall not in any event be liable for special, indirect, incidental or consequential damages, including but not limited to, loss of profits or revenue, loss of use of site systems or property, lack of savings, cost of capital, or claims by Customer or Dealer for damage to property or injury to persons including any third party.
3. Customer and Dealer further acknowledge that Alliant Energy will not provide insurance coverage for the Customer or Dealer, and that it is the Customer and Dealer's responsibility to procure insurance coverage against any hazards relating to the equipment to protect persons and property.

CUSTOMER SIGNATURE AND CERTIFICATION

I certify that I have purchased the equipment described in this form and that it has been installed at the service address indicated. I agree to the terms and conditions associated with this form.

- Customer installed equipment Dealer installed equipment (Dealer/Contractor must fill out Dealer Contractor or Store box below)

Customer Signature

Date

Do you want to help local families in need and donate your rebate to Alliant Energy's *Hometown Care Energy Fund*? Yes No

FOR DEALER, CONTRACTOR OR STORE ONLY

Dealer/Contractor/Store Name		Dealer ID (if applicable)		Phone No. ()	
Address			City	State	ZIP

I certify that all equipment and installation information provided on this application is correct and accurate.

Dealer/Contractor Signature: _____ Date: _____

Before you turn in your form:

- Fill out the form completely.
- Attach a copy of the sales receipt or invoice. Circle the energy-efficient equipment on the receipt.
- Include documentation listed in the instructions.
- Sign the customer Signature and Certification section. If a dealer installed the equipment, the dealer must sign the Dealer, Contractor or Store section.
- We recommend that you mail the completed form(s), receipt(s), and required documentation within 90 days of installation.

Mail completed forms to:

ENERGY EFFICIENCY PROGRAMS
Alliant Energy
P.O. Box 351
Cedar Rapids, IA 52406-0351

FAX: (319) 786-4746

Please choose one option.
To avoid delays, do not fax and mail your form.

Please allow six to eight weeks for your rebate on a prepaid Visa[®] card, after Alliant Energy receives your properly completed rebate claim form, receipts and any other required materials.

Questions? Call 1-866-ALLIANT (1-866-255-4268) or visit us online at alliantenergy.com.