

# 2012 IOWA LIGHTING EQUIPMENT APPLICATION

**ATTENTION**  
Photocopy this form and  
save the original for future use or  
download additional copies at  
[www.midamericanenergy.com/iowa\\_lighting](http://www.midamericanenergy.com/iowa_lighting).

Complete this application and attach copies of invoices.

**Mail to:** MidAmerican Energy Company, EnergyAdvantage Programs, P.O. Box 4628, Des Moines, IA 50305-4628  
**or fax to** 515-244-8825. Call 800-894-9599 with questions about the program.

My facility had an energy assessment in the following program (check if applicable):

- Nonresidential Energy Analysis/EfficiencyPartners®       Multifamily Housing  
 Small Commercial Audit/BusinessCheck®       Agriculture

Date audit completed (month/year) \_\_\_\_\_

## Customer Information

MidAmerican Energy account number (found on bill; first seven digits only)

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Installation address \_\_\_\_\_

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

Company name on bill \_\_\_\_\_

Incentive check (if applicable) should be payable to \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of installation \_\_\_\_\_

## Customer Agreement (Signature required before application is processed.)

My signature indicates consent to and agreement with all program terms and conditions, certifies that all information on this application is correct, and that all of the listed new equipment has been purchased, installed and is operating at the indicated location. **I understand that MidAmerican Energy Company reserves the right to inspect and verify installation before or after issuing the rebate payment.**

**Customer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Facility Information (check one)

- Office       Lodging       Grocery       Convenience Store       Church  
 Retail       Warehouse       School/College       Agribusiness       Industrial/Manufacturing  
 Fast Food       Restaurant       Health Care       Other \_\_\_\_\_

Building size \_\_\_\_\_ sq. ft. (area)      Do you:  own or  rent this building?

Year building was constructed \_\_\_\_\_

## Hours of Operation (circle a.m. or p.m.)

Monday - Friday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Saturday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Sunday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

## Seasonal Operating Schedule (check one)

Summer only (June - Sept.)

Winter only (Oct. - May)

Year-round

Other \_\_\_\_\_

## This New Equipment Is

- Replacement/retrofit (existing building)       New construction       New installation

## Installing Dealer Information

Dealer name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

## Dealer Agreement

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

**Installer/dealer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For MidAmerican Energy Use

Project ID \_\_\_\_\_ Sector type \_\_\_\_\_ Audit date \_\_\_\_\_

Gas rate \_\_\_\_\_ Electric rate \_\_\_\_\_ Audit ID \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Equipment approved by \_\_\_\_\_

Rebate total amount \_\_\_\_\_ Gas amount \_\_\_\_\_ Electric amount \_\_\_\_\_

