

Lighting Rebate Program

Page 1 of 2
If you need assistance completing this form,
please call 510-748-3947.

Contact Information

Contact Person _____
Title _____
Company _____
Telephone Number _____

Facility Information

Building _____
Street _____
City _____
Alameda Power & Telecom Rate Schedule _____
Federal Tax ID Number _____
Type of Business _____
Is this business tax-exempt? _____
Building floor area _____

Account Information

Please include all customer numbers where equipment is installed

Rebate Information

Address to which the rebate should be mailed:

Equipment Information

Lighting Equipment	# of Items Installed	Rebate Rate	Rebate	Total Old Lamp Fixture Wattage	Equipment Operating Hrs (ex: 8:00a-5:00p)	Total Hours Per Year
Screw-In compact fluorescent lights, separable lamp						
1-12 watts replacing incandescent	_____	x \$3.50/lamp =	_____	_____	_____	_____
13-25 watts replacing incandescent	_____	x \$5.50/lamp =	_____	_____	_____	_____
26+ watts replacing incandescent	_____	x \$6.25/lamp =	_____	_____	_____	_____
Hardwired fluorescent fixture with electronic ballast						
1-12 watts replacing incandescent	_____	x \$9.00/fixture =	_____	_____	_____	_____
13-25 watts replacing incandescent	_____	x \$11.00/fixture =	_____	_____	_____	_____
26-64 watts replacing incandescent	_____	x \$11.50/fixture =	_____	_____	_____	_____
T-8 and T-5 fluorescent lamps and electronic ballasts replacing T-12 lamps and magnetic ballasts						
• High Frequency (>10kHz) / THD<10% (4 ft. & longer lamps) / 3-year warranty / Power Factor ≥ 0.95 / 50,000 hour life						
2-foot fixture	_____	x \$2.00/lamp =	_____	_____	_____	_____
3-foot fixture	_____	x \$2.75/lamp =	_____	_____	_____	_____
4-foot fixture	_____	x \$3.75/lamp =	_____	_____	_____	_____
8-foot fixture	_____	x \$7.50/lamp =	_____	_____	_____	_____
2-foot HO fixture	_____	x \$10.00/lamp =	_____	_____	_____	_____

Alameda P&T Use Only

	Date	Initials
Pre-inspect	_____	_____
Approval Letter Sent	_____	_____
Post-Install Inspection	_____	_____
Rebate Check Sent	_____	_____

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Fluorescent light reflectors with delamping						
• Requires new reflectors with a minimum 90% total reflectance						
2-foot lamp	_____	x \$0.75/lamp =	_____	_____	_____	_____
3-foot fixture	_____	x \$0.75/lamp =	_____	_____	_____	_____
4-foot fixture	_____	x \$1.25/lamp =	_____	_____	_____	_____
8-foot fixture	_____	x \$2.00/lamp =	_____	_____	_____	_____
Exit Signs						
LED Exit Signs	_____	x \$13.50/fixture =	_____	_____	_____	_____
Halogen Lamps						
1-49 watts	_____	x \$0.45/lamp =	_____	_____	_____	_____
50+ watts	_____	x \$0.65/lamp =	_____	_____	_____	_____
Occupancy Sensors						
• Requirements: hardwired / passive infrared / ultrasonic / control interior lighting						
Wall-mounted lighting	_____	x \$7.50/sensor =	_____	_____	_____	_____
Ceiling-mounted lighting	_____	x \$20.00/sensor =	_____	_____	_____	_____
Plug-load sensor	_____	x \$15.00/sensor =	_____	_____	_____	_____
Interior HID and HPS Fixtures						
35-69 watts replacing incandescent	_____	x \$24.00/fixture =	_____	_____	_____	_____
35-69 watts replacing mercury vapor	_____	x \$26.00/fixture =	_____	_____	_____	_____
70-174 watts replacing incandescent	_____	x \$30.00/fixture =	_____	_____	_____	_____
70-174 watts replacing mercury vapor	_____	x \$32.00/fixture =	_____	_____	_____	_____
Exterior HID and HPS Fixtures						
1-99 watts replacing incandescent	_____	x \$11.00/fixture =	_____	_____	_____	_____
1-99 watts replacing mercury vapor	_____	x \$12.00/fixture =	_____	_____	_____	_____
100-174 watts replacing incandescent	_____	x \$15.00/fixture =	_____	_____	_____	_____
100-174 watts replacing mercury vapor	_____	x \$16.00/fixture =	_____	_____	_____	_____
175+ watts replacing incandescent	_____	x \$24.00/fixture =	_____	_____	_____	_____
175+ watts replacing mercury vapor	_____	x \$25.00/fixture =	_____	_____	_____	_____
Total Rebate (Include amounts from lines on Page 1)				_____		

Customer Certification Agreement

As a qualified Alameda Power & Telecom customer, I certify that I purchased and installed the indicated energy-saving products after June 29, 2001, for use in my business facility and not for resale. I have attached a copy of the itemized proofs of purchase and installation (sales slips or invoices) for my replacement work. I agree to a verification inspection by an Alameda Power & Telecom representative of the product installation. I certify that the above information is true and correct.

Customer Signature

Month/Day/Year



**ALAMEDA
POWER & TELECOM**

A Department of the City of Alameda

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Page 3 of 3

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**For Office Use Only: Post-Installation
Verification Signature**

Alameda Power & Telecom Signature

Month/Day/Year

**Mail or fax your
completed form to:**

Alameda Power & Telecom
P.O. Box H
Alameda, CA 94501
Fax: 510-814-5699
Phone: 510-748-3949