



Glencoe Light and Power Commission Business Custom Customer Information – 2024

Customer Information

Company Name: _____ Installation Date: _____

Contact Name: _____ Phone: _____

Email Address: _____

Installation Address: _____

Utility Account Number: _____ Facility Square Footage: _____

City: _____ State: _____ Zip Code: _____

Facility Hours of Operation: *If unsure of hours, select Building Use

_____	x	_____	x	_____	=	_____
Hours per Day		Days per Week		Weeks per Year		Total

Building Use: _____
(Retail, School, Office, Manufacturing, 24 Hour, Restaurant, Warehouse, Health, Other)

How did you hear about our incentive program? _____

Vendor/Contractor Information

Company Name: _____

Contact Name: _____

Email Address: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

To Apply for a Rebate

1. Determine Eligibility

2. Install Equipment:

- a) All projects with potential rebates above \$5,000 must be approved by the utility prior to the commencement of the project.
- b) Only new equipment qualifies for a rebate; old equipment must be removed and disposed of properly and must not be installed elsewhere.

3. Complete and sign the application

- a) Attach copies of all project invoices, including labor costs and ALL required documentation.

4. Submit completed application to:

**Glencoe Light and Power
Commission**

305 11th Street East
Glencoe, MN 55336
Phone: (320) 864-5184
Fax: (320) 864-4328

or

Energy Management Solutions, Inc.

PO Box 255
Excelsior, MN 55331
Phone: (855) 296-3669
Fax: (952) 556-9171

Certifications and Signature I

hereby certify that:

- 1. The information contained in this application is accurate and complete.
- 2. All installation is complete and the unit(s) is operational prior to submitting final application.
- 3. All rules of this incentive program have been followed.
- 4. I have read and understand the terms and conditions included with this document.
- 5. Any old equipment replaced has been properly disposed of or recycled in accordance with applicable State and Federal regulations. Replaced equipment must not be reused or sold for use in another location.

The customer agrees to verification of equipment installation which may include a site inspection by a program or utility representative. The customer understands that it is not allowed to receive more than one incentive from this program on any one piece of equipment. The customer agrees to indemnify, defend, hold harmless and release the utility from any claims, damages, liabilities, costs and expenses (including reasonable attorneys' fees) arising from or relating to the removal, disposal, installation, or operation of any equipment or related materials in connection with the programs described in this application, including any incidental, special, or consequential damages.

Please sign and complete all information in this application.

Printed Name: _____

Date: _____

Customer Signature: _____

Energy Management Solutions, Inc.
www.EMSenergy.com (952) 767-7450





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[Look at Terms & Conditions for details on the Custom Program.](#)

Please summarize the operational characteristics of the equipment associated with the proposed measure. All calculations used and assumptions made in this section must be included. The data contained in, or attached with, this application must be sufficient to verify the demand and energy reductions described. Attach additional materials and specifications as necessary.

If more than one piece of equipment is involved with this project, please photocopy this sheet and describe each individual energy-saving measure on a separate sheet and provide the associated documentation described above for each item of equipment.

Describe in detail the EXISTING or BASELINE piece of equipment (make/model, efficiency rating, wattage):

Please describe, in detail, the PROPOSED piece of equipment (make, model, type, efficiency rating, wattage):

The Proposed Equipment is: _____
(New Equipment/ New Construction/ Retrofit/ Replace Failed)

Hours of Operation: _____

Equipment Life (yrs): _____

Existing kW Usage: _____

New kW Usage: _____

kWh Savings: _____

Estimated Rebate: _____
(\$0.05/kWh)

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