



## Glencoe Light and Power Commission Business Customer Information – 2020

### Customer Information

Company Name: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_ Facility Square Footage: \_\_\_\_\_

City: \_\_\_\_\_ State: MN 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](http://www.EMSenergy.com) (952) 767-7450**





# Glencoe Light and Power Commission Business Custom Rebates – 2020

[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)

