



HENDERSON MUNICIPAL POWER & LIGHT  
PO BOX 8 HENDERSON, KY 42419-0008

### HMP&L LED LIGHTING INCENTIVE PROGRAM APPLICATION FORM

*Thank you for your interest in applying for the HMP&L LED Lighting Incentive Program. Complete the application information, sign/date the form, and submit to HMP&L for consideration. All information, including Utility Account #, is required to process the application. See page 2 for program information.*

#### Applicant Information

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact is: Owner / Tenant / Landlord (circle one)      Property occupied by: Owner / Tenant / Landlord (circle one)

List occupant name if different from contact name: \_\_\_\_\_

#### Project Information

Electric Account Number (as stated on City of Henderson Utility bill): \_\_\_\_\_

LED lighting project physical address: \_\_\_\_\_

Square footage: \_\_\_\_\_ Building type: residence, office, retail, warehouse, other \_\_\_\_\_ (circle one)

#### Existing lighting information

Quantity	Description of old fixture(s)	Watts/Fixture	Annual hours of use

#### Proposed LED lighting replacement

Quantity	Description of new fixture(s)	Watts/Fixture	Quoted cost per fixture/lamp

Submit form to: email: [conservation@hmpl.net](mailto:conservation@hmpl.net) Fax: 270-826-9650  
 mail: HMP&L, PO Box 8, Henderson, KY 42419  
 Applicants will be notified whether they do or do not qualify for reimbursement.

### Payee Information

Make check payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

To attention of (if not payee): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Incentive Program Information

**Eligibility:**

- This program is available only to existing HMP&L electric utility customers.
- Program is not available for reimbursement to contractors/realtors for HMP&L service area properties.
- The project will be evaluated by HMP&L using the estimated energy savings, the projected cost of the project, and the calculated payback period.
- The quoted cost and information provided will be used for evaluation purposes only.
- Project approval is limited based on availability of the fiscal year budgeted funds.
- One project per applicant per fiscal year (June 1<sup>st</sup> to May 31<sup>st</sup>).

**Reimbursement:**

- Reimbursement will be available for the cost of LED bulbs and/or fixtures that provide lighting equivalent to what is being replaced.
- The reimbursement amount will be based on the final itemized receipt provided by the applicant following project completion minus any and all applicable sales tax or shipping fees.
- Cost for labor and/or materials to change the fixtures, will not be eligible for reimbursement.
- If final receipt is not provided within 6 months of project approval date, the incentive funds may be reallocated and unavailable for this project.
- HMP&L may be required by law to report an incentive amount to the Internal Revenue Service.
- HMP&L is not responsible for any tax liability as a result of any incentive paid.

**Disclaimer:**

- HMP&L disclaims any warranty, whether expressed or implied, for any materials or labor associated with installation, maintenance, repair, or any energy savings associated with use.
- HMP&L will not accept any liability resulting from participation in this program.
- This incentive program may be changed or discontinued at any time without prior notice by HMP&L.

As an HMP&L electric customer, I understand this is an application only and HMP&L is under no obligation to provide payment until project has been approved and finalized. I understand that before issuing a reimbursement, HMP&L must receive the final receipt and any required Internal Revenue Service tax documentation. By signature below, I hereby acknowledge and declare I have read the aforementioned requirements of the program, all information provided is correct to the best of my knowledge, and I have the authority to execute this agreement for the property as noted.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Application #: \_\_\_\_\_

**Reimbursement**      Approved      Rejected      By: \_\_\_\_\_      Date: \_\_\_\_\_

Receipt(s) Received:    Yes    No      1099 Required:    Yes    No      W-9 Received:    Yes    No

Check issued to: \_\_\_\_\_      Check #: \_\_\_\_\_      Date: \_\_\_\_\_