



APPLICATION FOR LIGHTING REBATE

NAME: _____
ADDRESS: _____

INCORPORATED: _____
CO-OPERATIVE: _____
PARTNERSHIP: _____
PROPRIETORSHIP: _____

CONTACT: _____
POSITION _____
Phone: BUS: _____
RES _____

DESCRIBE TYPE OF BUSINESS:

BUSINESS NAME: _____

BUSINESS LOCATION: _____

OWNERSHIP

Full Name: _____ Position: _____ No. of Shares or % Interest: _____

DESCRIPTION OF PROJECT: _____

PROJECT COSTS

Materials.....\$ _____

Labour\$ _____

TOTAL \$ _____

*Receipt for work done must be included with application form.

SIGNATURE _____ DATE _____