


# NEW LED lighting Program

Starting January 1, 2021 the Cooperative will furnish a matching reimbursement up to \$150 for LED light bulbs and fixtures with proof of purchase. Limit one rebate per account per year. For members in service class SC-1, SC-2, and SC-D. The service class is listed on your bill as shown in image below.



For permanent LED lighting fixtures installed on member premises, new or retrofit. The program pays for up to 100% of equipment costs up to a maximum contribution of \$3,000 or the average monthly bill for the member, whichever is lower. Energy efficiency rebates cover permanently installed equipment costs only, not labor and not portable equipment. Limit one per account per year. The Cooperative is offering energy efficiency rebates to commercial members in service classes SC-D, SC-3, SC-4A, SC-4B, SC-5, and SC-7.

**Rate  
Schedule /  
Reference is  
your Service  
Class**



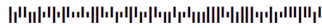
**DCEC**  
Delaware County  
Electric Cooperative

5 North Depot Street, P.O. Box 471, Delhi, NY 13753-0471

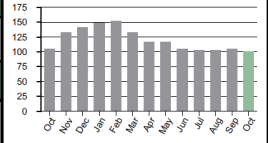
Phone: (607) 746-2341 - Fax: (607) 746-7548  
Automated Payment System: (844) 209-7162  
Toll Free: (866) 436-1223  
Website: www.dce.coop  
Email: billing@dce.coop

*"POWERING OUR RURAL COMMUNITIES"*

Willie Wiredhand  
123 Fake St.  
Paradise, USA

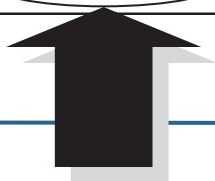


Current	
Month's Average	KWH Per Day
Last Year	This Year
4	3
Average Cost	
Per Day	
Last Year	This Year
\$.35	\$.33



The DCEC office will be closed on November 11th in observance of Veterans Day. THANK YOU to all who have served our country.

Account No.	Service Location	Service Description	Service From	To	Days
			09/15/2020	10/15/2020	30
Meter Number	Pres Read	Prev Read	Mult	KWH Used	Rate Schedule / Reference
	14287	14187	1.00	100	101/RESIDENTIAL SC-1



To apply for this program please use form on next page.



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## DCEC LED Rebate Application

Member Name:

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(please print)

DCEC Account Number:

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(found in the upper left portion of your monthly bill)

LED Bulb or Fixture:

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Date Purchased: \_\_\_\_\_  
(please attach receipt)

By signing my name below, I certify that the information provided on this form is true and correct to the best of my knowledge.

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Signature

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Date