

ENERGY STAR® Qualified Fixtures \$10 Mail-In Rebate



Customer Name:					
Electric Utility Account Number:					
ixture Quantity:					
Installatio	on Address (No P.O. B	ox)			
	Street Address				
City	State	Zip			
Retailer:					
City	State	Zip			

Rebate Amount	Requested: \$		
A	Mailing Addres	ss (If Different)	
-	Street A	ddress	
City		State	Zip
	ht to you by:	(Please check off you	
Public Service of New Hampshire	. O Unitil	Electric Co-op	nationalgrid

Program Guidelines

- Must be a New Hampshire customer of PSNH, New Hampshire Electric Co-op, National Grid or Unitil Customer to be eligible for rebate.
- Must purchase an ENERGY STAR®-qualified fixture. Excludes high pressure sodium, fluorescent tubes, halogen or incandescent fixtures with motion sensors, portable work lights, under cabinet lights and ceiling fans without pin-based light kits. Not valid with utility catalog orders.
- · Valid on qualified packages with a retail price of \$15 or more.
- Limit 12 rebates per customer account.
- ENERGY STAR®-qualified fixtures purchased between January 1, 2011 and December 31, 2011 are eligible for rebate.
- Entire form must be completed for rebate processing and submitted with date.
- Rebate must be submitted before January 31, 2012.
- · Program subject to change without notice.
- · Not valid in combination with any other utility offer.

Complete and mail this form, along with a copy of your ENERGY STAR® qualified fixture purchase circled on your receipt (receipt must be dated on or before 12/31/11), and original UPC code from the package to:

EFI, nhsaves Rebate Department 40 Washington Street, Suite 2000 Westborough, MA 01581

Questions: 1-877-366-3749

Please allow 4-6 weeks for rebate