Calhoun County Electric Cooperative

2022 Commercial & Industrial Electric Vehicle Charger Incentive Form

Member Name				
Address, City, Zip				
Electrical Service: Less than 1000kVA or Great	ter than or Equal to 1000k	VA •	<=== (Circle One Each) ===>	C&I or Ag
50% of equipment (not installation		Quantity	Rebate \$ Amount	
Level 2 (or higher) Electric Vehicle Charger	\$500.00			
Over-the-road registered and licensed vehicels only	_			
(No non-licensed forklifts, golf carts, off-road or other	recreational vehicles)			
Charger must be hardwired and installation must mee	et local codes			
Address of Charger #1				
Charger Make & Description				
Model #		_Serial #		
Specifications				
Spec. Sheet Attached (Y/N)				
Address of Charger #2				
Charger Make & Description				
Model #		_Serial #		
Specifications				· · · · · · · · · · · · · · · · · · ·
Spec. Sheet Attached (Y/N)				
Address of Charger #3				
Charger Make & Description				
Model #		_Serial #		
Specifications				
Spec. Sheet Attached (Y/N)				
Address of Charger #4				
Charger Make & Description				<u>.</u>
Model #		_Serial #		
Specifications		·····		
Spec. Sheet Attached (Y/N)				
Address of Charger #5				
Charger Make & Description				
Model #		_Serial #		
Specifications				
Spec. Sheet Attached (Y/N)				
Attach Additional Sheets as Required				
		_		
Cooperative Representative: I certify that the incentive payments requested are fo	requipment installed at the	Date: member's site	Total = \$	
	- 1			
Note: A copy of the member's receipt indicating ty available rebate. Total rebates limited to \$10 will not exceed 50% of the documented equi prior to installation in order to assure the ma checks will be issued to the account holder. To Cooperative.	00,000 per project. See the ipment purchase price. This aximum rebate. Application	Energy Efficien s program is sul ns for rebates m	ncy Programs document for more informa bject to cancellation without notice. Subm nust be submitted within 90 days of install	tion. Actual rebates nit rebate requests lation. Rebate
Member's Signature:		Date:	Phone:	
I certify that the incentive payments requested are fo	r equipment installed at add			
Office Information:	I			
Date:Control #	———————————————————————————————————————			
Info Sheet Needed? Yes / No Attached	? Yes / No			