

ELECTRIC VEHICLE CHARGING STATION REBATE APPLICATION (Up to \$250)

Member must: 1) Complete application in full 2) Sign 3) Submit with COPY of receipt within 90 days of purchase

Rev 4-15-21

(Office Use Only Row) Customer #: _____ **Contact Tracking ID #:** _____ **SML #:** _____

Applicant Name(s): _____ **Co-op Account#: (Office use only)** _____

Address where device will be installed: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Mailing address (if different than the installation address): _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email address: _____

SECTION A

GENERAL INFORMATION:

A. Information about your home: New House or Year Built _____ Size _____ sq. ft. No. of people living in home _____

B. What type of **dwelling structure** is this EV Charger installed at? (check one)
 Single family house House w/Farm Multi-unit dwelling Manufactured (single/double) Other

C. Did this rebate influence your decision to buy the EV Charger? (check one) Yes No

D. How did you hear about our rebates? (check one)
 Radio advertisement Television advertisement Cooperative Newsletter
 Cooperative Mailing Cooperative Employee Contractor or Builder Newspaper advertisement
 Other _____

SECTION B

I certify that the EV Charger listed below is a qualifying ENERGY STAR® charger that is installed at the address listed above that is served by Co-Mo Electric Coop., Inc. and uses 6000 kWh annually. I understand that if the EV Charger meets the rebate qualifications that the rebate will be paid to the member upon a satisfactory final inspection by Co-Mo. I agree to allow a representative from Co-Mo to verify the EV Charger installation at the above installed address.

Member Signature _____ Date _____

SECTION C

NEW EQUIPMENT INFORMATION:

Manufacturer _____ Model _____ Rebate Amount _____

Installation Date _____

Reason for replacement _____

SECTION D

RETAILER-CONTRACTOR INFORMATION:

Contractor Name _____ Contact Person _____

Address _____ Phone _____

I certify that the equipment information is accurate. I recognize that the Cooperative may verify the information that I have provided.

Contractor Signature: _____ Date: _____

FOR COOPERATIVE USE ONLY - COOPERATIVE CERTIFIES THE FOLLOWING:

Date Received:	Receipt on File _____
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Approval Signature: _____

DISCLAIMER

- Co-Mo is not responsible if your contractor, installer, retailer, builder or other party provides you with inaccurate information about the amount or conditions of the actual rebate. Co-Mo will not rebate equipment that has been mislabeled or misrepresented. Co-Mo reserves the right to inspect the device and its installation at the installation address indicated on this application. Co-Mo is not responsible for any lost, late, stolen, ineligible, illegible, misdirected or postage due mail. All completed applications will become the property of Co-Mo. Rebate qualifications and amounts are subject to change at Co-Mo's discretion and the program may end at any time without notice. No more than one rebate will be paid per metered account within a five year period.

RETURN ALL NECESSARY DOCUMENTS (APPLICATION, SALES RECEIPT COPIES, ETC.) TO:
Co-Mo Electric Coop., Inc. Attn: Member Care Department PO Box 220 - Tipton, MO 65081-0220