

# ELECTRIC VEHICLE CHARGING STATION

## 2019 Energy Efficiency Incentive Form

*This institution is an equal opportunity provider.*

### ELIGIBILITY CRITERIA

- ❖ New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed the equipment cost.
- ❖ Incentives are in place through December 31, 2019. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of purchase date. If submitted after December 31, 2019, equipment will be considered for the incentive offered in 2020.
- ❖ Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- ❖ Required documentation listed below must be submitted no later than 3 months after equipment purchase date.
  - ✓ This incentive form
  - ✓ A copy of your receipt or invoice

**Submit required documentation to:**

**MiEnergy Cooperative, PO Box 90, Cresco, IA 52136 | email jsunnes@MiEnergy.coop | fax 563-547-4033**

### MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email	
			<i>Email addresses will be used for cooperative communication only, including eNewsletters filled with energy saving tips. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i>	
Address			Account	Phone
City	State	Zip	Date	Member Signature
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:				

### INCENTIVE INFORMATION *(Please fill in gray shaded boxes)*

Equipment	Specifications	Quantity	Incentive	Total <i>Quantity x Incentive</i>
Electric Vehicle Charging Station	Must be on load control as defined by cooperative		\$200	
<b>Total Incentive Amount Requested:</b>				

### OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason:	Total Incentive Issued: \$
Cooperative Representative:	Date: