



ELECTRIC VEHICLE CHARGING
2021 Energy Efficiency Rebate Form

www.peoplesenergy.coop ■ (800) 214-2694
memberservices@peoplesrec.com

ELIGIBILITY CRITERIA

- ❖ Equipment must be purchased in 2021.
❖ Equipment must be installed on Cooperative lines and requestor must be a member of the Cooperative.
❖ Rebate not to exceed a combination of the equipment cost and up to \$200 of installation cost.
❖ Charging station must be enrolled and managed through an Energy Management Program or Time-of-Use (TOU) rate for a minimum of five years.
❖ The EV is required to have a minimum of 4.5 kW charger rating.
❖ The EV charger is required to be 4.5 kW or larger.
❖ A hard-wired, level two (2) electric vehicle charger may be required. Contact Cooperative for details.
❖ Charging station must be for a vehicle licensed for road use (not forklifts, etc.).
❖ Additional eligibility criteria may apply. Contact Cooperative for details.
❖ Rebates are in place through December 31, 2021, or until funds are depleted.
❖ All documentation listed below must be submitted no later than three (3) months after install date. Rebate offer in current calendar year will be utilized, if still available.
✓ This rebate form fully completed
✓ A copy of your receipt or invoice
✓ Documentation showing the equipment has been installed
✓ Completed documentation showing enrollment in a cooperative energy management program or TOU rate

Submit required documentation to: 1775 Lake Shady Avenue South, Oronoco, MN 55960 or memberservices@peoplesrec.com

MEMBER INFORMATION

(Please fill out entire section)

Member Name, Email, Address, Account, Phone, City, State, Zip, Date, Member Signature, Rebate for: Residential, Farm, Commercial, Industrial, Institution/Government, Other

REBATE INFORMATION

(Please fill in shaded boxes for all items for which you are requesting a rebate)

Table with 5 columns: Equipment, Specifications & Required Information, Quantity, Rebate, Total: Quantity x Rebate. Row 1: Electric Vehicle Charging Station, Must enroll in energy management program (off-peak or time-of-use rate), \$700.

Total Rebate Amount Requested:

OFFICE USE ONLY

Approval checkboxes: Approved, Not Approved - Reason, Legacy, SMEC. I certify the rebates requested meet the eligibility criteria listed above. Cooperative representative, Date, Total rebate issued: \$