

## Residential Electric Vehicles

PLEASE complete ALL sections and sign form to ensure proper and prompt payment of rebate.

<b>Member Address Information (person receiving rebate)</b>				Check if wind or solar generation is installed. <input type="checkbox"/>	
First Name	Last Name	Account Number	Phone		
Address	City	State	Zip	Email Address	
<b>Equipment Location Information</b>				Check if same address as above: <input type="checkbox"/>	
First Name	Last Name	Account Number	Phone		
Address	City	State	Zip	Email Address	

Check the ACCOUNT TYPE     Residence Only                       Residence/Business  
 Where equipment is located:  Residence/Farm                       Apartment Bldg./Unit

### Vehicle Information

DATE OF PURCHASE

VEHICLE DESCRIPTION

Make	Year
Model	
VIN Number	

PLACE OF PURCHASE

Business Name		
Address		
City	State	Zip Code

PRIMARY VEHICLE PURPOSE (Check One):

Daily Work Commute  
    Estimated **Daily** miles   

All Purpose Vehicle  
    Estimated **Annual** miles   

#### Key Program Requirements

- This rebate offer is only for residential members.
- Rebate is available for battery-only electric vehicles and plug-in hybrids with a minimum EPA-rated 20 mile electric range.
- Must be a new vehicle purchased or leased by the Cooperative Member.
- The vehicle make and model must be listed on the federal income tax credit website at <https://fueleconomy.gov/feg/taxevb.shtml>
- Vehicle must be registered in the Cooperative's general service territory under the same name as the cooperative member applying for the rebate.
- The primary charging location of the vehicle must be located at the address provided on this form and served by the cooperative.

**REBATE = \$500**

**Attach proof of purchase/lease and proof of Iowa registration for the qualifying vehicle.**

*Please make sure to program your vehicle so it will not charge during the peak period of 4-9 PM whenever possible. This will help keep costs down for your Cooperative.*

<b>Member Agreement (Must Sign)</b>			
I verify that the above described equipment was installed on the date and location specified. I agree to all program requirements provided (either separately or on back of this form) and that my electric Cooperative reserves the right to inspect all equipment and verify information before issuing a rebate.			
<b>Member Signature</b>			Date
<b>Office Use Only:</b>	Cooperative ID	Notes:	Authorized Amount
	Employee Name		

Total rebate of \$100 or less will be applied as a bill credit.

Check box if you want rebate applied as a bill credit.

**Terms and Conditions - Electric Vehicles****General Terms and Conditions**

Rebates shall be pro-rated based on the percent of power supplied by the Cooperative if the member has distributed generation.

**Application Information:** Missing or incorrect information on the application may delay processing and delivery of the rebate. An invoice is required and should include specific product information, including the brand, model, serial number and date of purchase of the energy efficient measures. Other information including manufacturer's equipment performance sheets may be required upon request.

The Cooperative reserves the right to verify sales transactions and to have reasonable access to the Member's facility to inspect pre-existing equipment (if applicable) and energy efficient measures installed under this program.

**Warranty Information:** The Cooperative makes no warranties, expressed or implied, with respect to equipment operation, material, workmanship or manufacturing. The Cooperative does not guarantee that a certain level of energy or cost savings will result from the use of products covered by this program.

**Limitation of Liability:** The Cooperative's liability in connection with this program is limited to paying the rebate specified when all terms and conditions have been satisfied. Under no circumstances shall the Cooperative be liable for any consequential or incidental damages or tax liability resulting from participation in this program.

**Participant Certification:** Participating Member certifies that he/she purchased and installed the equipment listed on their application at the defined location served by the Cooperative. The Member agrees that all information provided is true and that he/she has conformed to all program requirements. If the equipment and application does not comply with the Cooperative's rules and qualifications, the rebate amount may be denied or adjusted.

**Program Changes/Termination:** The Cooperative reserves the right to extend, modify (including incentive levels) or terminate this Program at any time without prior or further notice. The Member is responsible for checking with the Cooperative to determine whether the program has been changed or is still in effect.

**Members must apply for rebates within six (6) months of the purchase date (as shown on the Member's invoice).** Past eligibility, however, does not guarantee that equipment will meet criteria for current programs in effect.

Rebate forms must be returned by 3/31/2020