



Electric Vehicle Level-2 Charger Rebate

Mail to: PO Box 437 - Hampton, IA 50441
 For more information: 641-456-2557 or 1-800-750-3557
 www.franklinrec.coop

For Office Use Only

Total Rebate Amount:

Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- By accepting this rebate you are agreeing to allow REC to include this appliance in its load management program
- Effective April 1, 2019, all rebates will be issued to customers by way of a bill credit. Some exceptions may apply.

Member or Business Name

Account Number

1, 1st Charger - 50% of charger price up to \$500

2, 2nd Charger - 50% of charger price up to \$500

Make

Model

Serial No.

Rated Voltage

Rated Amps &/or kW

Purchase Price, Date

Make

Model

Serial No.

Rated Voltage

Rated Amps &/or kW

Purchase Price, Date

3. 1st Vehicle Specifications

Please list all vehicles in the household.
 Attach list if more than two.

4. 2nd Vehicle Specifications

Make

Model

VIN No.

License No.

County/State

Date Purchased

Make

Model

VIN No.

License No.

County/State

Date Purchased

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. By accepting this rebate, you are agreeing to allow REC to include this appliance in its load management program, as it may be amended from time to time. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature

Date



Rebate Application

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- Complete this form along with the specific product rebate form

Member Information

Member Name

Address

City - State - Zip

Account Number

Phone (include area code: sample - 999-999-9999)

Email

Rebate Unit Installation Information

Please answer questions based on the location where the unit was installed.

Location Installed

- Same as above Other
(complete below)

Address

City - State - Zip

Install Date

Structure Type

- Single Family Residence
 Farm Outbuilding
 Business
 Multi-Family Unit: apt/condo/duplex/etc.

Rebate Unit Installed In

- New Construction Existing Structure

Ownership

- Owned Leased

Installer (if applicable) or Purchased From

Business Name

Contact Name

City - State - Zip

Phone