

Rebate Application

Mail to: PO Box 486 – Glidden, IA 51443 For more information: 712-659-3649 www.rvec.coop

For Office Use Only

Total Rebate
Amount:

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted within 6 months of purchase

Repare application along with required documentation	Thiust be submitted within 6 months of purchase		
Member Information			
Member Name	Address		
City - State - Zip	Account Number		
Phone (include area code: sample - 999-999-9999)	Email		
Rebate Unit Insta	llation Information		
Please answer questions based on the Location Installed Same as above Other (complete below) Address City - State - Zip Install Date	e location where the unit was installed. 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		

Business Name	Contact Name
City - State - Zip	Phone



Electric Vehicle Level-2 Charger Rebate

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Total Rebate	
Amount:	

Prog	ram	Criter	<u>ia</u>

	Number	
- 50% of charger	price up to \$500 2, 2nd Charger - 50% o	f charger price up to \$500
Make	Make	
1odel	Model	
ıl No.	Serial No.	
tage	Rated Voltage	
r kW	Rated Amps &/or kW	
Date	Purchase Price, Date	
		ecifications
	Make	
	Model	
	VIN No.	
	License No.	
	County/State	
	 Date Purchased	
	Make flodel fl No. tage fir kW Date	- 50% of charger price up to \$500 Make Make Model Model Serial No. Rated Voltage Rated Amps &/or kW Date Please list all vehicles in the household. Attach list if more than two. Make Model VIN No. License No.

Member Signature	Date