SCEC
St. Croix Electric Cooperative

A Touchstone Energy® Cooperative

This institution is an equal opportunity provider.

Electric$ense®

EV CHARGERS

2022 Energy Efficiency Incentive Form

ELIGIBILITY CRITERIA

- ❖ New EV charger must be installed on cooperative's lines.
- ❖ Incentive not to exceed the EV charger cost.
- ❖ Incentives are in place through December 31, 2022. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of EV charging station install date. If submitted after December 31, 2022, equipment will be considered for the 2023 incentive if offered.
- ❖ 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 EV charging station install date.
    - ✓ This incentive form
    - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
    - ✓ Documentation showing the EV charging station has been installed
- ❖ EV charging station must be in use within 2 months of receiving the rebate.

Submit required documentation to: *rebates@scecnet.net or St. Croix Electric Cooperative, PO Box 160, Hammond, WI 54015*

MEMBER INFORMATION   *(Please fill out entire section)*

Member Name	Email
	Email addresses will be used for cooperative communication only.

Address	Account	Phone

City	State	Zip	Date	Member Signature

Incentive for: ☐Residential   ☐Farm   ☐Commercial   ☐Industrial   ☐Institution/Government   ☐Other:

INCENTIVE INFORMATION   *(Please fill in gray shaded boxes for requested incentives)*

Equipment	Specifications	Quantity	Incentive	Total *Quantity x Incentive*
Electric Vehicle Charging Station	Must be on load control as defined by cooperative		$400	
Electric Vehicle Smart Charger with integrated metering	Must be on load control as defined by cooperative		$800	
	Total Incentive Amount Requested:			

OFFICE USE ONLY

☐ Approved ☐ Not Approved - Reason:	Total Incentive Issued: $
Cooperative Representative:	Date: