

APPLICATION RESIDENTIAL CHARGING PROGRAM

Membe	er name		
Address where the charging equipment is in		nstalled	Zip Code
Chugach member number (see top of bill)		Chugach account nui	mber
Contac	ct person for this application		
Contact phone number		Contact email address	
Make, ı	model and amperage of charging equ	ipment	
EV year EV Make		EV Model	
Estima	ted miles per year the EV is driven		
Approx	ximate date 240-volt EV charging beg	an at this location	
How di	id you hear about this program?		
	ectric vehicle described above must be re ed documentation:	egistered to the named m	ember or primary contact person.
	Proof of installation of the EV charging equipment or 240-volt outlet. This could include receipts for charging equipment and/or receipts for services of an electrician. A photo of the charger and vehicle connected to the charger.		
	I attest that the information above is co registered to myself or primary contact		d the described vehicle is
Member signature		Date	

Please sign and email this application and attachments to ev@chugachelectric.com Include "Residential EV Charging Application" in the email subject line