



APPLICATION WORKPLACE CHARGING PROGRAM

Member name

Address where the charging equipment is to be located

Chugach member number (see top of bill)

Chugach account number

Contact person for this application

Work phone

Cell phone

Email address

I understand the member is responsible for the ownership, installation, and electric bill of the EV charging equipment and agree to keep it in service for at least 36 months.

I understand this credit is for the installation of Level 2 charging equipment with one or two universal (J1772) connectors.

I understand the member is required to provide usage information to Chugach for 36 months.

Estimated number of employees at the property where the charging equipment will be located?

Make and model of charging equipment: _____

Applicant signature

Date

Please sign and email this application and attachments to sean_skaling@chugachelectric.com