



## APPLICATION WORKPLACE CHARGING PROGRAM

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Member name

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Address where the charging equipment is to be located

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Chugach member number (see top of bill)

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Chugach account number

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Contact person for this application

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Work phone

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Cell phone

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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?

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Make and model of charging equipment: \_\_\_\_\_

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Applicant signature

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Date

Please print, sign and email this application and attachments to [sean\\_skaling@chugachelectric.com](mailto:sean_skaling@chugachelectric.com)

Chugach Electric Association, Inc.

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