



A Touchstone Energy® Cooperative 
 This institution is an equal opportunity provider.

2024 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, 2024. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of EV charger install date.
- ❖ 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 charger install date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ For EV charger, include documentation showing the station has been installed

Submit required documentation to: **Allamakee-Clayton Electric Cooperative**
PO Box 715
Postville, IA 52162-0715 | email: rwagner@acrec.coop

MEMBER INFORMATION *(Please fill out entire section)*

| | | | | | |
|---|-------|-----|---|------------------|--|
| Member Name | | | Email | | |
| | | | <i>Email addresses will be used for cooperative communication only.</i> | | |
| Address | | | Account | Phone | |
| City | State | Zip | Date | Member Signature | |
| Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: | | | | | |

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

| Equipment | Specifications | Equipment Cost | Quantity | Incentive | Total Quantity x Incentive |
|--|---|----------------|----------|------------------------|----------------------------------|
| Electric Vehicle Charging Station | Must be on load control as defined by cooperative | | | 50% <u>up to</u> \$400 | |
| Total Incentive Amount Requested: | | | | | |

OFFICE USE ONLY

| | |
|---|----------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved - Reason: | Total Incentive Issued: \$ |
| Cooperative Representative: | Date: |