



Mail to: PO Box 98 - Allison, IA 50602
For more information: 319-267-2726 or 888-267-2726
www.butlerrec.coop

For Office Use Only

Total Rebate Amount: [input field]

Program Criteria

- ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE
- Complete this form along with the specific product rebate form
- Rebate application along with required documentation must be submitted

NOTE: Members with solar arrays or wind turbines are not eligible for rebates from Butler County REC.

Member Information

Member Name [input field]

Address [input field]

City - State - Zip [input field]

Account Number [input field]

Phone (include area code: sample - 999-999-9999) [input field]

Email [input field]

Rebate Unit Installation Information

Please answer questions based on the location where the unit was installed.

Location Installed

- [input] Same as above [input] Other (complete below)

Address [input field]

City - State - Zip [input field]

Install Date [input field]

Structure Type

- [input] Single Family Residence
[input] Farm Outbuilding
[input] Business
[input] Multi-Family Unit: apt/condo/duplex/etc.

Rebate Unit Installed In

- [input] New Construction [input] Existing Structure

Ownership

- [input] Owned [input] Leased

Installer (if applicable) or Purchased From

Business Name [input field]

Contact Name [input field]

City - State - Zip [input field]

Phone [input field]

Electric Vehicle Level-2 Charger Rebate

Mail to: PO Box 98 - Allison, IA 50602
For more information: 319-267-2726 or 888-267-2726
www.butlerrec.coop

For Office Use Only

Total Rebate Amount:

Program Criteria

- **ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE**
- By accepting this rebate you are agreeing to allow REC to include this appliance in its load management program
- Rebate application along with required documentation must be submitted

Member or Business Name

Account Number

1. **Charger - 50% of charger price up to \$500**

Make

Model

Serial No.

Rated Voltage

Rated Amps &/or kW

Purchase Price, Date

Please list all vehicles in the household.
Attach list if more than two.

2. 1st Vehicle Specifications

Make

Model

VIN No.

License No.

County/State

Date Purchased

3. 2nd Vehicle Specifications

Make

Model

VIN No.

License No.

County/State

Date Purchased

DATED COPY OF ITEMIZED SALES RECEIPT MUST BE INCLUDED. Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. By accepting this rebate, you are agreeing to allow REC to include this appliance in its load management program, as it may be amended from time to time. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member Signature

Date