

Rebate Application

Mail to: ILEC REBATES 702 S. 1st Street, Estherville, Iowa 51334 For more information: 800-225-4532

nformation: 800-225-4532 www.ilec.coop

For Office Use Only

Total Rebate Amount:

Proc	ıram	Crit	eria

- 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

Member Information				
Member Name	Address			
City - State - Zip	Account Number			
Phone (include area code: sample - 999-999-999)	Email			
Rebate Unit Inst	allation Information			
Please answer questions based on t	he location where the unit was installed.			
Location Installed Same as above Other (complete below) Address City - State - Zip Install Date	Structure Type Single Family Residence Farm Outbuilding Business Multi-Family Unit: apt/condo/duplex/etc. Rebate Unit Installed In New Construction Existing Structure Ownership Owned Leased			
	ble) or Purchased From			
Business Name	Contact Name			
City - State - Zip	Phone			



Electric Vehicle Level-2 Charger Rebate

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	e information: 800-225-4532	Total Rebate	
FOI IIIOI	www.ilec.coop	Amount:	
- By accepting this separate submet	ION MUST BE COMPLETED To rebate you must enroll in the	O RECEIVE REBATE Cooperative's EV Time of Day Rate a	and have a
Member or Business Name		Account Number	
N	r kW		
Please list all ve	hicles in the household. Attach I	ist if more than two. 3. 2nd Vehicle S	pecifications
Make		Make	
Model		Model	
VIN No.		VIN No.	
License No.		License No.	
County/State		County/State	
Date Purchased		Date Purchased	
been installed at the i	member's location served by REC.	INCLUDED. Member certifies that the REC reserves the right to inspect home, rebate, you are agreeing to allow F	equipment and verify this

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