

# Connecticut Electric Vehicle Charging Program (Commercial) **Payment Request Form**

Section 1: Applicant Infor	mation						
Rebate Reservation No.							
↑ This is the number provided in the rebate reservation email that you received after applying.							
Section 2: Site Information	on						
Service Address							
City	City						
↑ This is the address where	the EV chargers were instal	led.					
Electric Service Account N	lo.						
↑ This is the account number on your electric bill. It must be the number for the electric service on which the EV chargers were installed.							
Section 3: Contractor Info	ormation						
Have there been any chang	ges to your contractor since	you submitted your ap	plication?				
○ No ○ Yes If so, pleas	e provide updated contact	information below.					
Contractor Name							
Primary Contact Name							
Work Phone	Cell Phone	Email					
Section 4: Data Collectio	n Contact						
			1-12421	/l l			
Please list the main contact for data collection communication as well as an additional/backup contact.							
Data Collection Primary Co	ontact Name						
Work Phone	Cell Phone	Email					
Data Collection Secondary	y Contact Name						
Work Phone	Cell Phone	Email					

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#### **Section 5: Project Information**

Date Installation Completed & Activated

Network Provider Name

Please provide the following information including only the EVSE and Make-Ready Costs actually incurred and eligible for Program rebates. If your project included multiple sites or EVSEs, enter information for each unique site and EVSE on separate lines.

### **Level 2 Chargers**

Network ID	Meter Number	EVSE Manufacturer	EVSE Model Number	EVSE Serial Number	Quantity of Ports: (1 or 2 Ports?)	Installed Power <sup>1</sup>	Number of Ports Capable of Simultaneous Charging	EVSE Cost

### **Direct Current Fast Chargers**

Network ID	Meter Number	EVSE Manufacturer	EVSE Model Number	EVSE Serial Number	Quantity of Ports: (1 or 2 Ports?)	Installed Power <sup>i</sup>	Number of Ports Capable of Simultaneous Charging	EVSE Cost

<sup>&</sup>lt;sup>1</sup> [Power per port] x [Quantity of ports], reduced for any use of load management

## **Section 5: Project Information** (continued) Cost(s) Changed from Application? ○ Yes ○ No Total Total Customer Futureproofing Side Electrical Electrical Number of Future Infrastructure Infrastructure Total Utility Side Ports Supported Total FVSF Cost Costs Costs by Future proofing Total Project Cost Costs Fee Structure\* ↑ Structure of Fee to the end customer i.e. cost per; kWh, minute, charging session, flat fee, free, or other, please explain. **Section 6: Project Incentive Requested Incentive Amount Post-Installation Checklist** Submit this payment request with the required documentation: • Copy of inspection sign-off by the local authority having jurisdiction Copy of contractor invoice marked paid, identifying the contractor business name and license number, date(s) and itemized work performed. Please download and complete itemized cost form HERE. • UI New Vendor documents: If you did not submit new vendor documents for the payee with your application, please attach it now to avoid delays in processing your payment. • Pictures of installed charger(s) as well as picture of each chargers tag clearly showing model number and serial number of unit. **Customer Certification Agreement and Signature (Please Read Carefully)** Submit this payment request with the required documentation: By signing this form below, I certify that all of the information included on this Payment Request Form and the required documentation are accurate and true and that the TERMS AND CONDITIONS on the previously submitted Application remain in effect. **Business Name Customer Printed Name**

Date

**Customer Signature**