## **EV Charger Pilot Program Commercial Application**



<b>Customer information</b>	
Application date:	Site address:
Customer name:	Street:
Customer address:	City:State:ZIP:
Customer city:	Charging equipment location:
Customer state: Customer ZIP:	
Customer contact name:	Attach site plan along with application.
Customer contact phone:	Note: You must be located in Wisconsin with service from WPS.
Customer contact email:	
Note: Customer cannot have any delinquent electric bills in the past 12 m	onths.
Is a new service required?	
Yes, new service has been applied for. Add work request number, if known	
☐ No. I need to apply for service. Visit <b>www.wisconsinpublicservice</b> .	com/partners/builders for application information.
☐ I don't know.	
Electrical contractor name:	
Electrical contractor contact:	_
Electrical contractor phone:	_
Electrical contractor email:	_
Engineering plans	
Status:	
☐ Conceptual	
☐ Preliminary% complete	
☐ Final Date of plans://	
Submit the following layers from your plans:	
<ul> <li>Drainage, easements, retention ponds</li> <li>Buffer zones and preservation areas</li> <li>Topographic lines which establish final grade</li> <li>Other areas and easements the utility must avoid</li> </ul>	<ul><li>Water</li><li>Sewer and storm sewer</li><li>Wetlands</li><li>Paved areas</li></ul>
The plans and plat of survey are preferred electronically and accepted in <b>ElectricVehicleChargerProgram@wisconsinpublicservice.com</b> .	n DGN, DWG, DFX or CAD format. Submit these to
Are there plans for future development?	
☐ Yes Show location(s) on plat or plans.	
□ No	

**Note:** Any changes in the plat of survey or plans made during project must be communicated promptly to your WPS representative. This may result in delays in scheduled construction and/or additional costs.

EV charger project information		
Project type:		
☐ Commercial		
☐ Industrial		
Do you anticipate additional funding for this project from a federal, state or local government (e.g., Wisconsin Electric Vehicle Infrastructure programment)		
☐ Yes ☐ No		
If yes, which program are you working with?		
Charger details:		
Estimated installation date://		
EV charger manufacturer:		
Type of vehicles using chargers (personal vehicles, fleet, inc	dustrial):	
Authorization		
Customer name:		
Customer signature:		
Date/		
Return instructions:		
	unived decuments to Electric/lebicleChargerDrogram@unicocnainpublicceruice.com	
Save application and email it, along with any additional requ	uired documents, to ElectricVehicleChargerProgram@wisconsinpublicservice.com.	
	For office use only	
	Account number:	
	Current rate:	
	Account rep:	
	Reviewed by:	

Approval date: \_