

EV Charger Pilot Program Residential Application



Customer information

Customer name: _____

Email: _____

Phone: _____

WPS account number: _____

Note: Customer cannot have any delinquent electric bills in the past 12 months.

Service address:

Street: _____

City: _____ State: _____ ZIP: _____

Note: You must own and live in a Wisconsin residence with service from WPS.

Eligibility information

Do you currently own or lease an electric vehicle (EV)?

Yes.

I have an EV ordered.

Expected delivery date: _____

Provide the following:

Year: _____

Make: _____

Model: _____

Own Lease

Do you have WiFi accessible where the EV charger will be located?

Yes No

Do you own and live at the property where the EV charger will be installed?

Yes

No. Unfortunately if you do not own and live at the property, you are not eligible for the pilot program.

Do you have a 240v circuit with a 50A breaker, leading to a NEMA 14-50 outlet where the charger will be installed?

Yes. It includes the protective breaker at the supply panel, wiring, final junction box, receptacle and all attachments and connections. It meets all workmanship standards and applicable requirements in the National Electric Code, Wisconsin law and Administrative Rules, and local municipal codes. Additional documentation may be required.

No. I will have an electrician complete this work.

Describe where will charger be located: (e.g., attached or detached garage, interior or exterior wall)

Program options

Program option pricing is available at www.wisconsinpublicservice.com/services/electric-vehicles/ev-charger-information.

Payment option:

- Bundled
- Pre-paid

Installation option:

- Program installation
- Self installation

Authorization

Customer name: _____

Customer signature: _____

Date ____/____/____

Return instructions:

Save application and email it, along with any additional required documents to ElectricVehicleChargerProgram@wisconsinpublicservice.com.

For office use only

Account number: _____

Current rate: _____

Account rep: _____

Reviewed by: _____

Approval date: _____

Clear Form