









REVOLT PROGRAM ENROLLMENT

Member Information:			
Name		Account #	
Address where EV charger is installed			
City State	ZIP	Phone	
EV Make/Model	Maximum ele	ctric range (miles per cha	rge)
Dealership where vehicle was purchased Sales Rep			
Electric Vehicle Information:			
	Nr. 1.1		V
Make			
VIN Number Lic			
Purchase Location (Dealership name and address			
When do you primarily plan to charge your BEV or PHEV? (Check all that apply):			
☐ Overnight (off-peak) ☐ Morning ☐ Afternoon ☐ Whenever my car needs a charge			
Are you aware of off-peak rate electricity available at a	discounted rate fron	n 11 p.m.–7 a.m.? Check	one:
\square Yes \square No \square Please contact me with	more information ab	out this program.	
Do you plan to charge your vehicle: (Check all that ap	ply):		
\square At home on a 120V outlet \square At home on an up	graded 240V outlet	☐ At work ☐ At a p	ublic charging infrastructure
Congratulations! You've made a difference for your pothe planet. To make it even better, you're taking advantato fuel your vehicle at no additional cost above your norm. Submit this form via mail to McLeod Cooperative Power	ge of our Revolt SM pro mal electricity rates!		
Thank you for signing up for the Revolt wind energy pro		vind energy designation wi	ll arrive in the mail within 30
days.			
Important:			
 Revolt program eligible for BEV or PHEVs only. H Please provide proof of vehicle purchase or owners Vehicle must be owned by current McLeod Cooperservice territory. 	ship. (Dealer invoice or rative Power member	or copy of vehicle title).	ence within the cooperative
• Mail application to McLeod Cooperative Power 3	•	•	·
By signing this application, I certify the electric vehicl and that I am a McLeod Cooperative Power member.	•	e Revolt program is insta	lled at the address listed above,
Signature		Date	
Rebate program is subject to change or cancellation without notice.			

