



Demand Charge Rebate Application

Please complete application and email with all required documentation to: EVPrograms@cenhud.com

Project Number (Completed by Central Hudson) _____

Customer Information		
Customer Name:	Central Hudson Account No.	
Primary Contact Name:		
Work Phone:	Cell Phone:	Email:
Address 1:		
Address 2:		
City:	State:	Zip:

Project/Site Description		
Address of EV Site:		
Address 1:		
Address 2:		
City:	State:	Zip:
J#		
Type of facility:		
Office	Medical	
Multi-Unit Dwelling	Other (Please specify):	
Retail		
Commercial or Industrial		
College/University		

Type	Manufacturer and Model	Number of Stations	Number of Plugs	Plug Type (SAE J Plug, CCS, CHAdeMO, Other)	Charging Output per Plug (kW)	Number of Plugs Capable of Simultaneous Charging and Output per Plug kW)
Level 2						
DCFC						

Additional Documentation Required- See Participation Manual for Full Description
<ol style="list-style-type: none"> Final Paid Invoices Site Plan Site Satellite Image Site Load Letter Charger Specifications Signed Participant Agreement