



**ALAMEDA  
MUNICIPAL POWER**

*A Department of the City of Alameda*

# Experimental Electric Vehicle Charging Discount Application

The Experimental Electric Vehicle Charging Discount (Supplemental Schedule EV-X) is made available to qualifying individuals. DETERMINATION OF ELIGIBILITY SHALL BE MADE AT THE SOLE DISCRETION OF ALAMEDA MUNICIPAL POWER.

## APPLICABILITY

- This experimental supplemental schedule is applicable to customers operating an all-electric vehicle with a gross vehicle weight of between 750 and 8,000 pounds.

## CONDITIONS

- Customers must meet the conditions as specified in Supplemental Schedule EV-X found on the website, [www.alamedamp.com](http://www.alamedamp.com).
- Customer agrees to charge their vehicle during off peak hours of between 8:00 p.m. and 8:00 a.m., Monday through Friday, and all hours on Saturday, Sunday, and non-work holidays.
- Discount may take up to 8 weeks to appear on your electric bill.
- AMP reserves the right to field verify the vehicle and charging station.

## PLEASE RETURN THIS APPLICATION AND A COPY OF YOUR CURRENT REGISTRATION TO:

Liz Acord, Alameda Municipal Power, 2000 Grand Street, PO Box H, Alameda, CA 94501 (for more information call 510-814-6414)

## CUSTOMER INFORMATION

CUSTOMER NAME AS IT APPEARS ON YOUR ELECTRIC BILL

SERVICE ADDRESS

| AMP ELECTRIC ACCOUNT NUMBER

YEAR AND MAKE OF VEHICLE

VEHICLE LICENSE NUMBER

WEIGHT OF VEHICLE (GROSS VEHICLE WEIGHT)

| CHARGING VOLTAGE (120 OR 220)

| CHARGING STATION PERMIT NUMBER

I, the undersigned as a customer of Alameda Municipal Power, hereby claim eligibility for the application of rate discount provided under AMP's rate schedule EV-X. I understand that to continue receiving the Electric Vehicle Charging Discount, I must re-qualify every year by submitting this application and a copy of the current vehicle registration.

I have read and understand this application and AMP Schedule EV-X and certify I meet the requirements specified. The information I have provided here is true and correct to the best of my knowledge.

CUSTOMER SIGNATURE

DATE

PRINT NAME

PHONE

| EMAIL

Received by:	Application Received
Approved:	Not Approved:
Reason:	
Lacking Information:	