



Electric Ride Program Customer Application

PURCHASER INFORMATION

Name (Applicant) _____

Electric Service Address _____ Zip Code _____

Mailing Address (If different) _____ Zip Code _____

Austin Utility Account # _____

Name on Utility Account* (If different from applicant) _____

*Rebate checks will be made to this person if application is approved.

Day Phone # _____ Alternate Phone # _____

Email Address _____

ELECTRIC TWO-WHEEL VEHICLE INFORMATION

MAKE	MODEL	VIN/SERIAL #	PRICE	DEALERSHIP NAME

APPLICATION SUBMISSION INFORMATION

A completed application must be submitted within 60 days of the bike purchase. Include a copy of the invoice(s), the Vehicle Identification or Serial Numbers and a copy of the bike manufacturers' published specifications with this application. Failure to do so may result in your application not being processed.

MAIL:

Austin Energy/Electric Vehicles & Emerging Technologies
Electric Ride Program
721 Barton Springs Road
Austin, TX 78704

FAX:

Austin Energy/ Electric Vehicles & Emerging Technologies
Electric Ride Program
(512) 505-3937

Purchaser's Signature _____ Date _____

By signing above, I certify that the information provided on this application is true and complete. I understand that misrepresentation of information can result in disqualification from the program. I agree to all other terms and conditions set forth above by the program. Enrollment in program is not complete until Austin Energy verifies and approves all documentation.

FOR DEPARTMENTAL USE ONLY

Date: _____

File Number: _____

Administrator Approval: _____

Rebate Amount: \$ _____