

Electric Vehicle Plug-In Checklist



CUSTOMER INFORMATION

Customer Name:

Customer Address:

Customer Service Account Number:

Dwelling Type: Single Family Townhome Condominium Apartment

Customer Preferred Phone Number: E-mail Address:

Preferred Method for Receiving Printed Information: E-mail Mail Fax

If fax, please provide fax number:

VEHICLE AND CHARGING INFORMATION

Vehicle Make and Model:

Brand/Type of Charger:

Amp Size of Breaker in Panel:

Approximate Date Vehicle Will Start Charging at Service Account Location:

Vehicle Charge Level: L1 - Slow (120 Volt) L2 - Fast (240 Volt)

Miles You Expect to Drive in Your Electric Vehicle Daily:

Expected Daily Charging Start Time: Expected Daily Charging End Time:

When You Currently Use Electricity:
 Mostly during the day Mostly at night Used steadily throughout a 24-hour period

RESIDENTIAL ELECTRICAL INFRASTRUCTURE INFORMATION

Electrician Name:

Electrician Phone Number: Electrician E-mail Address:

Number of PEVs Charging at this Location Today: Additional Planned PEV(s) and Expected Purchase Date(s):

Using Existing Panel? <input type="checkbox"/> Yes <input type="checkbox"/> No Amps <input type="text"/>	Upgrading panel? <input type="checkbox"/> Yes <input type="checkbox"/> No Amps <input type="text"/>	Adding new panel? <input type="checkbox"/> Yes <input type="checkbox"/> No Amps <input type="text"/>
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Panel Accessibility Issues (locked gate, animals, need to be home, etc.)