

PUBLIC UTILITY DIVISION

MARK ARGENBRIGHT, DIRECTOR

ELECTRIC VEHICLE CHARGING STATION ANNUAL REPORT

Operator Entity Name:		
Station Name / Name of Location:		
Physical Address:		
City:		
State:		
Zip Code:		
Date the station opened for public use: (format: MM/DD/YYYY)		
Contact Name (person designated to address questions pertaining to this report):		
Title:		
Email Address: (If you do not have an email address, please enter 'DO NOT HAVE')		
Telephone, including area code: (format: (XXX) XXX-XXXX)		
Reporting of Operations for the Calendar Year:	202	24
Date Submitted: (Format: MM/DD/YYYY)		
Is the information that was provided under OAC 165:14-3-3(a) and (b) still accurate?		
If answer to above question was 'No', please provide the updated information:		
Has all testing has been completed pursuant to the requirements OAC 165:14?		
	# of Ports	Max kW/per Port
Level 2 Ports:		
DC FAST:		
	tion provided to in this report is accurate a to the knowledge of the respondent.	and complete and contains no material
Signature	Title	
Additional Comments:		
Please provide individual responses for each Public Charging Station location		
or sent to: Attn. PUD - Annual Electric Vehicle Charging Submission, Will I Please contact our office at 405-521-2331 or via email at PUDEnergy@occ.c		