

# WATER FIXTURE REBATE APPLICATION

**On-site verification of the products purchased and installed required before rebate is paid.**

Please allow two weeks from final approval for delivery of your rebate check.

*Please complete and sign this application. Original paid receipt(s) for appliance(s) must be provided to the CCSD. Mail to or hand deliver to Cori Ryan @ 2850 Burton Drive, Cambria.*

Applicant Name \_\_\_\_\_

Applicant =  Property Owner  Tenant

Mailing Address \_\_\_\_\_

CCSD Account # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

*Each service address limited to one rebate, per type of fixture, per 5 years.*

	Quantity	Rebate/Unit	Rebate
Toilets <u>required</u> to retrofit under "Re-Sale" ordinance NOT eligible for rebates			
B) <b>1.28 Gallon per Flush TOILET</b> Replacing 3.0 gallon or larger		\$75.00	
C) <b>1.28 Gallon per Flush TOILET</b> Replacing 1.6 gallon		\$50.00	
<b>REBATE TOTAL =</b>			<b>\$</b>

*This rebate program is provided on a first-come, first-served basis with a limited annual budget. Once the rebate funds have been expended, there will be no further reimbursements. Replacement toilets must be inspected, prior to and after installation, to be eligible for rebate.*

**TERMS & CONDITIONS**

<p>1. To be eligible for a rebate, I understand that I must be a residential customer with an active meter serviced by the CCSD.</p> <p>2. I understand the fixtures installed must be new. No used/resale units.</p> <p>3. I will allow a CCSD representative reasonable access to my home to verify the installed fixture(s).</p> <p>4. I understand that I am responsible for timely and proper disposal of old fixtures removed under this program.</p>	<p>5. I understand that the CCSD makes no warranty, whether expressed or implied, including warranty of merchantability or fitness for any particular purpose, use, or application of the products or measures.</p> <p>6. I am responsible for meeting all program requirements and complying with all CCSD restrictions, codes, ordinances, rules and regulations prior to installation.</p>
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I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THE FIXTURE(S) FOR WHICH I AM REQUESTING A REBATE MEETS THE REQUIREMENTS OF THE REBATE PROGRAM.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Customer Signature Name (please print) Date

**FOR OFFICE USE ONLY:**

Application & Docs Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

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Total # toilets \_\_\_\_\_ /# ULF \_\_\_\_\_ Recirc \_\_\_\_\_ Pr Reg \_\_\_\_\_

Pre-Inspection Completed by \_\_\_\_\_ Date \_\_\_\_\_

Post-Inspection by \_\_\_\_\_ Date \_\_\_\_\_

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Rebate Approved by \_\_\_\_\_ Date \_\_\_\_\_

Check Mailed Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

WASHER MOVED TO NEW SERVICE ADDRESS:

Date \_\_\_\_\_

Address: \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_