

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 District.
Mail to : PO Box 65 Cambria, CA 93428 or Hand Deliver to: 1316 Tamsen St Suite 201*

Applicant Name _____
 Mailing Address _____
 City/State/Zip _____
 Daytime Phone # _____

Applicant = Property Owner Tenant

CCSD Account # _____

Service Address _____

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

	Quantity	Rebate/Unit	Rebate
A) 1.28 Gallon per Flush TOILET Replacing 3.0 gallon or larger		\$75.00	
B) 1.28 Gallon per Flush TOILET Replacing 1.6 gallon or larger		\$50.00	
REBATE TOTAL =			\$

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

TERMS & CONDITIONS

1. To be eligible for a rebate, I understand that I must be a residential customer with an active meter serviced by CCSD. 2. I understand the fixtures installed must be new. No used/resale units. 3. I will allow a CCSD representative reasonable access to my home to verify the installed fixture(s). 4. I understand that I am responsible for timely and proper disposal of old fixtures removed under this program.	5. I understand that 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. 6. I am responsible for meeting all program requirements and complying with all CCSD restrictions, codes, ordinances, rules and regulations prior to installation.
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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 _____

 Total # toilets _____ /# ULF _____ Recirc _____ Pr Reg _____
 Pre-Inspection Completed by _____ Date _____
 Post-Inspection by _____ Date _____

 Rebate Approved by _____ Date _____
 Check Mailed Date _____ Amount \$ _____

WASHER MOVED TO NEW SERVICE ADDRESS:
 Date _____
 Address: _____
 Date _____
 Address: _____