

San Gabriel Valley Municipal Water District

REBATE APPLICATION: Include copy of water bill and copy of purchase receipt.

APPLICANT INFORMATION

Water Account Number: _____

Name: _____ Contact Name: _____
(as shown on water bill)

Address: _____
Address City State ZIP Code

Mailing Address: _____
(if different from above) Address City State ZIP Code

Phone: _____ Email: _____

REBATE INFORMATION

Purchased from Retailer: _____ Date of Purchase: _____ Manufacturer: _____

	Rebate Item	Model Name	Model Number	Quantity	Purchase Price
<input type="checkbox"/>	High-Efficiency Washing Machine				
<input type="checkbox"/>	Premium High-Efficiency Toilet				
<input type="checkbox"/>	Weather Based Irrigation Controller				
<input type="checkbox"/>	Rotating Sprinkler Nozzles				
<input type="checkbox"/>	Rain Barrel or Cistern				
<input type="checkbox"/>	Commercial Waterless Urinal				
<input type="checkbox"/>	Soil Moisture Sensor System				
<input type="checkbox"/>	Flow Monitor Device				

REBATE AGREEMENT

By signing this form, I agree that I have read, understand, and agree to the Rebate Program Guidelines and Conditions section. San Gabriel Valley Municipal Water District may deny any application that does not meet the requirements. Requirements are listed in the Rebate Program Guidelines section. The Agency does not guarantee the performance of the item or that the installation will be free of defects. The Agency also does not warrant the quality of the workmanship, or suitability of the premises. The undersigned further agrees to hold blameless San Gabriel Valley Municipal Water District against loss, damage, expenses, and liability resulting from the loss, destruction or damages of the property arising out of or in any way connected with the installation. Rebates are processed on a first come, first serve basis. **Please allow up to 4-6 weeks for your completed application to be processed.** Incomplete applications will not be processed.

Signature: _____ Date: _____

Mail rebate application to (allow up to 4-6 weeks for processing):
SGVMWD - Rebates
P.O. BOX 1299
Azusa, CA 91702