

CII Water Savings Incentives Pilot Program Rebate Application Form

Offer available effective July 1, 2009 to June 30, 2015 subject to fund availability.

Applicant's First Name		Last Name		
nstallation Add	ress			
City		_ State Zip	Telephone Number	
Iailing Address		ifferent from installation address)		
itv	(If d	ifferent from installation address) State Zip	Telephone Numbe	r
			rereprone reamse	-
Vater Bill Accou	unt Number			
		GINAL RECEIPTS MUST BE INCLUI		SHEET ATTACHED TO THIS
LICATION IF NE	CESSARY TO COMPLETE	LIST OF REBATE ITEMS REQUEST	TED.)	
Purchase Date	Item Purchased	Quantity Purchased	Item Cost	Total Cost
Purchase Date	Item Purchased	Quantity Purchased	Item Cost	Total Cost
Purchase Date	Item Purchased	Quantity Purchased	Item Cost	
urchase Date	item i urchaseu	Quantity 1 urchased	item Cost	Total Cost
			Total Amo	ount Subject to Rebate
			Total Aino	unt Subject to Repate
REBATE AG	REEMENT- RELI	EASE OF LIABILITY		
olano County V	Vater Agency may deny	y any application that does not	meet requirements, which	can be obtained by reading
		cicipation. The undersigned agree		
		loss, damage, expense and liability the installation of water saving deviations.		
		n is limited to available resource		
		npleted application to be processe		
		nderstand, and agree to the C	II Water Savings Incenti	ves Pilot Program Terms
Conditions section	on.			
Customer Si	gnature			Date
		Mail To: GHD		
		Attn: Cristina Go	ulart	
		Aun. Chaina 00	uiuit	
		2235 Mercury Way, S	Suite 150	

For Questions, visit <u>www.solanosaveswater.org</u> or call Cristina Goulart at 707-523-1010.