



Lake Meridian

WATER DISTRICT

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| Application number -20 |
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Clothes Washer Rebate Application

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|---|---|------------|--|------------------|
| 1 | Applicant Name (First, Last) | | Customer Account Number | |
| | Rebate Check Payable to (Name) | | Installation Address | City Zip |
| | Home Phone | Work Phone | Mailing Address (if different from above) | |
| 2 | Manufacturer Name | | Model Number | Date of Purchase |
| | Do you have low flow shower heads or sink aerators? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you use them if they were provided to you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | How many toilets in your residence? How many are low-flow toilets? | |
| 3 | Where/how did you hear about this rebate? | | Are you interested in receiving more information on conserving water? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | A copy of the Proof of Purchase (receipt) for the washer MUST be attached to this application.* | | | |
| <p>I certify that I have purchased the washer described above for installation at the locations indicated and I have not previously received or applied for any rebate for the washer identified above. I understand Lake Meridian Water District reserves the right to inspect and approve the installation for conformity to program requirements prior to payment of the rebate. I certify that the above information is true and correct.</p> <p>*If you need your receipt returned to you please send a written request to customerservice@lakemeridianwater.com or to the district at the address on the top of this form.</p> | | | | |
| 4 | Applicant Signature | | | Date |
| | | | | |

| For Office Use Only | | | | |
|---------------------|---|---|----------|--|
| 5 | Qualifying Washer <input type="checkbox"/> Yes <input type="checkbox"/> No | Rebate Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Initials | Date |
| | Voucher Number | Initials | Date | Qualifying rebate amount: \$50.00 |