



# Customized Rebate Application Form

## Applicant Information

Business Name: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: Fax No: \_\_\_\_\_

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

Name of facility to be evaluated: \_\_\_\_\_

Facility or site address: \_\_\_\_\_

City: \_\_\_\_\_

Water Service Account #(s) serving the site and/or facility:  
(Account Numbers are an eight digit number found at the top of water bills.  
Include fire services and hydrant meters.) \_\_\_\_\_

Describe type of business or institution: \_\_\_\_\_  
(Examples: Full service-restaurant, Food/beverage manufacture, offices, commercial landscape.)

### Project

Project/measure number \_\_\_\_\_ of a total of \_\_\_\_\_  
Project/measure (one per application)

### Type

- Domestic/Sanitary       HVAC  
 Process Modification       Landscape

### EBMUD Water Conservation Survey Participant

Yes       No      Survey Date \_\_\_\_\_

### Measure Identified Through

- EBMUD Survey       Consultant's Study  
 In-House Study

### Project/Measure Proposed Attached

Yes       No      Date \_\_\_\_\_

## Brief Project Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated annual water saving: \_\_\_\_\_ gallons per day or  
\_\_\_\_\_ 100 cubic feet (748 gallons) per year/

Estimated project/measure life (years)

Estimated total project cost \$ \_\_\_\_\_. Expected  
completion date \_\_\_\_\_

## Terms and Conditions

By signing this application form I acknowledge that I understand that participation in the Custom Rebate Program is a voluntary and certify that the information supplied on this application is true and correct. I understand that participation in this program is conditioned upon approval of this application by EBMUD and that EBMUD makes specific incentive commitments only through a Participation Agreement. I understand that EBMUD reserves the right to reject this application based on program criteria and that, if EBMUD approves this application, I will receive a letter of approval and a Participation Agreement prepared by EBMUD. I understand that the Customized Commercial Rebate must be for new and purchased on or after the Program start date of January 1, thru December 31, 2013.

Applicant signature: \_\_\_\_\_

Print Signer's Name: \_\_\_\_\_

Signer's Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Business Name: \_\_\_\_\_

## For EBMUD Use Only

Notice of Approval – valid only if signed by an EBMUD Representative

Signature _____	Date _____
<input type="checkbox"/> Application approved	<input type="checkbox"/> Condition/Comments attached
<input type="checkbox"/> Application rejected	

Potential rebate amount \$ \_\_\_\_\_

Installation deadline \_\_\_\_\_ Measure life \_\_\_\_\_ (years)

