



# INDOOR REBATE PROGRAM

## High-Efficiency Clothes Washer (HECW) and High-Efficiency Toilet (HET/DFT)

- MAIL TO:** Atascadero Mutual Water Company 5005, El Camino Real, Atascadero, CA 93422
- PURPOSE:** The intent of the Indoor Rebate Program is to encourage the use of water efficient appliances, with the added benefits of energy efficiencies.
- REBATE:** If all of the requirements listed on the reverse side are satisfied, a rebate of \$75.00 per Tier 3 HECW and/or a rebate of \$50 per WaterSense labeled HET or DFT will be applied to the shareholders account. **Important! Please read terms and conditions below.**
- EXPIRATION:** This program expires April 30th of each year, or when the funds run out, whichever is earlier.

### RESIDENTIAL REBATE PROGRAM INSTRUCTIONS AND TERMS

***Devices must be installed prior to submitting application.***

**PLEASE READ THIS INFORMATION CAREFULLY.** In order to avoid delays to and/or denial of your Atascadero Mutual Water Company (AMWC) rebate for purchasing a qualifying appliance, you must fulfill all conditions set forth below.

- The HECW and/or HET must be located on a property served by AMWC.
  - The HECW and/or HET purchase must have been made in the current fiscal year ending April 30. AMWC does not pay rebates for used or reconditioned washers or toilets.
  - The application on page 2 must be **completely and accurately** filled out.
  - Only one rebate is paid per owner per property. If you are a tenant, written permission to receive the rebate must be obtained in writing from the property owner.
  - Confirm that the device is identified on the list of approved products. For HET/DFT rebates, the model number for both tank and bowl must be on the WaterSense labeled list. For clothes washers, the washer must be **CEE** (Consortium for Energy Efficiency) Tier 3 compliant on the date application is submitted to AMWC (**website: [cee1.org](http://cee1.org)**). **Rebates are only granted for Tier 3 appliances.** Lists are revised periodically.
  - Retain a copy of this application and the sales receipt for your records. The Rebate Program is not responsible for materials lost or delayed in the mail, including misdirected mail.
  - Attach the **original** sales receipt to this application. Receipts must include the make and model of the device purchased. Receipts must be dated in the current fiscal year. If you would like your original receipt returned, please provide a self-addressed, stamped envelope.
- Photocopies of original dated sales receipt are not acceptable.**

- Rebates may be subject to State and local taxes; applicants should check with their tax advisor.

### REBATE PROGRAM TERMS AND CONDITIONS

***Important! Please read carefully!***

**By signing this application, I acknowledge and agree to the following:**

- HET/DFT must be installed in a dwelling built before 1992, new construction is not eligible.
- The purchased device must be new and an approved model in order to qualify for a rebate.
- Complete applications will be processed in the order received. This offer is subject to available funding. Rebates are available to shareholders of AMWC only. Program eligibility and requirements are subject to change.
- For HET/DFT applications, the reimbursed costs include the purchase price of the device, installation hardware and wax ring only, not to exceed the rebate amount. Installation, seats, and tax are not reimbursed. Rebates are issued once per lifetime of the property.
- For clothes washer applications, the reimbursed costs include the purchase price of the device, not to exceed the rebate amount. Installation and tax are not reimbursed. Rebates will not be issued for machines installed in apartment/condo common areas or laundromats. For machines installed in common areas or laundromats, please contact AMWC Conservation Staff at 464-5347. Rebates are issued once per owner per property.
- Devices must be installed at the address identified on the application **prior** to submittal of this application.
- All devices for which a rebate is issued are subject to an **on-site installation verification** inspection. If device installation cannot be verified, the payee will reimburse the Rebate Program for rebate funds received, including all associated processing costs. Access to the rebated device must be provided.

### ***Disclaimer***

• Neither Atascadero Mutual Water Company (AMWC), nor their contractors or agents, makes any representation or warranty regarding the devices eligible for rebates under this Rebate Program. By participating in the rebate program, you waive and release AMWC, and their contractors or agents, from any and all claims and causes of action arising out of the purchase, installation, or use of the devices purchased in connection with the Rebate Program. Any claim you may have based upon any defect or failure of performance of a device purchased by you should be pursued with the manufacturer/distributor.

**For questions contact AMWC Conservation Staff at 464-5347**



# RESIDENTIAL INDOOR REBATE PROGRAM

This program is subject to change without notice, and is subject to the availability of funds. **Please carefully read all the information on the reverse side of this page before filling out this application.**

**Mail To:** Atascadero Mutual Water Company, 5005 El Camino Real, Atascadero, CA, 93422

## 1. ACCOUNT INFORMATION

Name on Water Account \_\_\_\_\_ Water Account Number \_\_\_\_\_  
Account Holder Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. INSTALLATION SITE ADDRESS (only pre 2015 constructed homes are eligible for the HET rebates)

Installation Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Year home or building constructed \_\_\_\_\_ Site / Complex Name (Multi-Family Only) \_\_\_\_\_  
Type of Building (select one): Single Family Multi-Family / Apartment (3+ units) \*must complete Section 8 on current page if Multi-Family

## 3. REBATE CREDIT INFORMATION (Required)

Make credit payable to (name) \_\_\_\_\_  
(if name other than account holder, please explain) \_\_\_\_\_  
Payee Mailing Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Payee Phone \_\_\_\_\_ (Please consult your tax advisor for any tax implications of receiving this rebate)

## 4. NEW TOILETS INSTALLED (List each installed new toilet separately (original receipt required for each toilet))

If requesting rebates for more than three units, please request a multi-unit tracking sheet. HET = High-Efficiency Toilet (1.28 gpf or less); DFT = Dual-Flush Toilet

Apt / Unit #	Manufacturer (make)	Model Name or #	Date Installed	Quantity	Type (Office Use Only)	
					HET	DFT
					HET	DFT
					HET	DFT

Toilets replaced (retrofitted) MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

## 5. NEW HIGH EFFICIENCY WASHER INSTALLED (original receipt required for each washer)

If requesting rebates for more than one unit, please request a multi-unit tracking sheet. (NOTE: Limit 1 washer rebate per dwelling unit)

Manufacturer (make)	Model Name	Model #	Date Installed

Washing Machines replaced (retrofitted) MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

## 6. YOUR SIGNATURE (required)

I have read, understand, and agree to the terms of the Rebate Program on page 1 of this form. I certify under penalty of perjury that the information provided is true and correct. I also certify that non-water-efficient devices were replaced by the new device(s).

Customer Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## 7. DID YOU INCLUDE? ☐ ORIGINAL SALES RECEIPTS ☐ DEVICE INFORMATION ☐ SIGNATURE

## 8. INSTALLATION SITE CONTACT (Must complete if Multi-Family selected in Section 2)

Site / Complex Name \_\_\_\_\_  
Site Contact Name \_\_\_\_\_ Site Contact Title \_\_\_\_\_  
Site Contact Phone \_\_\_\_\_ Site Contact Fax \_\_\_\_\_  
Will HET/HECW(s) be installed in a common area? (required) **Yes** **No**

**For questions contact AMWC Conservation Staff at 464-5347.**

### CONSERVATION STAFF USE ONLY

DATE RECEIVED \_\_\_\_\_ APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK OR CREDIT  
CODE: 09-53190 HECW HET WO# \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CM \_\_\_\_\_