



Commercial Rebate Program Application

To be eligible for rebate, the new device(s) must be on the list of approved products. Visit www.calwep.org or call 1-877-231-3625 to determine eligibility. For apartment or condo dwelling units, please use the Residential application.

Mail To:

CalWEP - SMART REBATES PROGRAM
901 F St # 225 ,Sacramento, CA 95814
1-877-231-3625

1. Account Information *(Enclose a copy of your water bill - See instruction on page 3 of this application)*

Water Agency (Must be a participating water agency) _____
Name on Water Account _____ Water Account Number _____
Account Holder Phone _____

2. Applicant Information

Name of person applying _____ e-mail _____
☐ Owner ☐ Tenant (If tenant, owner authorization letter must be submitted)
Day Phone _____ Cell Phone _____
Mailing Address _____ Unit # _____
City _____ State _____ Zip _____

3. Installation Site Address *(Only pre-1992 constructed buildings are eligible for the HET rebates)*

Installation Address _____ Unit # _____
City _____ Zip _____ Phone _____
Type of Building (select one):

| | | |
|---|---|---|
| <input type="checkbox"/> Apartment / Multi-Family - Common Area | <input type="checkbox"/> Health Care Facility | <input type="checkbox"/> Office Complex |
| <input type="checkbox"/> Coin Laundromat | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Retail Store / Shopping Center |
| <input type="checkbox"/> Government Facility (City/State/Federal) | <input type="checkbox"/> Industrial Park | <input type="checkbox"/> Restaurant / Bar |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Manufacturing Facility | <input type="checkbox"/> School |
| <input type="checkbox"/> Other _____ | | |

4. Installation Site Contact

Site / Complex Name _____
Site Contact Name _____ Site Contact Title _____
Site Contact Phone _____ Site Contact Fax _____

5. Rebate Check Information *(Required)*

Make check payable to (name) _____ Type of Tax ID (select one):
(if name other than account holder, please explain) _____ ☐ Individual (SSN)
Payee Mailing Address _____ Unit # _____ ☐ Corporation (EIN)
City _____ State _____ Zip _____ ☐ Non-Corporation (EIN)
Payee Phone _____ Payee's Social Security or Tax ID (required for payment) _____



Commercial Rebate Program Application Part 2

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6. New Toilets Installed *(List each installed new device separately - Original receipt required for each device)*

If requesting rebates for more than one unit, a multi-unit tracking sheet must be included.

HET = High Efficiency Toilet (1.28 gpf or less); DFT=Dual Flush Toilet

| Bldg. # | Suite / Unit # | Manufacturer (make) | Model Name or # | Date Installed | Quantity | Type (office use only) |
|---------|----------------|---------------------|-----------------|----------------|----------|------------------------|
| | | | | | | HET |
| | | | | | | DFT |

Toilets replaced (retrofitted) MAKE: _____ MODEL: _____

7. New High-Efficiency Urinals Installed *(List each installed new device separately - Original receipt required for each device)*

If requesting rebates for more than one unit, a multi-unit tracking sheet must be included. HEU = High Efficiency Urinal (0.5 gpf or less)

| Bldg. # | Suite / Unit # | Manufacturer (make) | Model Name or # | Date Installed | Quantity |
|---------|----------------|---------------------|-----------------|----------------|----------|
| | | | | | |

Urinals replaced (retrofitted) MAKE: _____ MODEL: _____

8. New High-Efficiency Washer Installed *(Original receipt required for each washer)*

If requesting rebates for more than one unit, a multi-unit tracking sheet must be included.

| Bldg. # | Suite / Unit # | Manufacturer (make) | Model Name or # | Date Installed | Quantity |
|---------|----------------|---------------------|-----------------|----------------|----------|
| | | | | | |

Washing Machine replaced (retrofitted) MAKE: _____ MODEL: _____

9. Pressurized Waterbroom *(Original receipt required for each device)*

Must replace a hose nozzle or other water pressure cleaning system

| Bldg. # | Suite / Unit # | Manufacturer (make) | Model Name or # | Date Installed | Quantity |
|---------|----------------|---------------------|-----------------|----------------|----------|
| | | | | | |

10. X-Ray Film Processor Re-Circulation Device *(Original receipt required for each device)*

Retrofit must be installed on an approved X-Ray Film Processor to qualify.

| Bldg. # | Suite / Unit # | Manufacturer (make) | Model Name or # | Date Installed | Quantity |
|---------|----------------|---------------------|-----------------|----------------|----------|
| | | | | | |

X-Ray Processor replaced (retrofitted) MAKE: _____ MODEL: _____

11. Your Signature *(Required)*

I have read, understand and agree to the terms of the Rebate Program on page 3 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 _____

Did you include? ☐ Copy of Water Bill ☐ Original Sales Receipts ☐ Device Information ☐ Signature

CONTINUED ON PAGE 3

IMPORTANT: Please read Terms and Conditions on Page 3 of this application.



Commercial Rebate Program Application

Instructions and Terms

Mail To:

CalEWEP - SMART REBATES PROGRAM
901 F St #225, Sacramento, CA 95814
1-877-231-3625

INSTRUCTIONS

Devices must be installed prior to submitting application.

- Confirm that the device(s) is/are identified on the list of approved products. For HET/DFT/URINAL rebates, the model numbers for both tank and bowl must be on the list. For clothes washer(s), the device(s) must have a water factor of 3.7 or less. Visit www.calwep.org or call 1-877-231-3625 to confirm eligibility. Lists are revised periodically.
- Retain a copy of this application and a copy of the sales receipt or clothes washer lease agreement for your records. The Rebate Program is not responsible for materials lost or delayed in the mail, including misdirected mail.
- Tenants must submit owner authorization letter.
- Attach the original sales receipt to this application. Receipt(s) must include the make and model of the device(s) purchased. Receipts must be dated between July 1, 2013 to the present. If you would like your original receipt returned, please provide a self-addressed, stamped envelope, the original receipt, and a copy of the original sales receipt with this application.
- For clothes washer leases only, attach a copy of the lease agreement to this application. Lease agreement must: (1) include the make, model and quantity of the device(s) leased; (2) must be dated between July 1, 2013 to the present; (3) must be for a lease term of at least five (5) years; and (4) must state the property address where the device(s) will be installed.
- Attach a copy of your most recent water bill for the address where the device(s) were installed. If you reside in an apartment complex, condominium or mobile home park, please contact your Homeowner's Association or manager for a copy of the water bill. Applications will not be processed without a copy of the water bill from the participating water agency that serves the installation address.

REBATE PROGRAM TERMS

Important! Please read carefully!

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

- The purchased or leased device(s) must be new and an approved model in order to apply for a rebate.
- Complete applications will be processed in the order received. This offer is subject to available funding. Rebates are available to customers of participating water agencies only.
- New construction is not eligible.
- For HET/DFT/URINAL applications, the reimbursed costs include the purchase price of the device(s), installation hardware and wax ring only, not to exceed the rebate amount. Installation, seat(s), and tax are not reimbursed. Rebates are issued once per lifetime of the property.
- For CLOTHES WASHER applications, the reimbursed costs include the purchase or leased price of the device, not to exceed the rebate amount. Installation and tax are not reimbursed. Rebates are issued once per owner.
- For X-RAY applications, the reimbursed costs include the purchase price of the device, not to exceed the rebate amount. Installation and tax are not reimbursed. Rebates are issued once per owner.
- Device(s) 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 (s) must be provided.
- The payee's Social Security number must be provided in order to receive a rebate. The Social Security or Tax ID number requested in the Rebate Application process is in compliance with exemptions to the Federal Privacy Act of 1974, 42 UCS 405 (c) (2)(c). The Internal Revenue Service requires Rebate Program participants receiving \$600 more in rebates to be issued an IRS Form 1099 unless exemptions apply. Social Security numbers provided as part of the application process are held in confidence under terms of the Privacy Act and are not divulged or otherwise conveyed to individuals or organizations outside the Rebate Program.

Disclaimer

- Neither California Water Efficiency Partnership (CalWEP), nor your Local Water Utility or Retail Water Purveyor, 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 CalWEP, your Local Water Utility or Retail Water Purveyor, 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, see www.calwep.org or call 1-877-231-3625