



Solano Weather-Based Irrigation Controller

Offer available July 1, 2014 thru June 30, 2015 (subject to fund availability).

Account Information

Applicant's First Name _____ Last Name _____

Installation Address _____

City _____ Zip _____ Telephone Number _____

Mailing Address _____

(If different from installation address)

City _____ State _____ Zip _____

Water Bill Account Number *(number for installation address must be provided)* _____

Controller Information

Place of Purchase _____

Store Telephone _____

Purchase Price _____

Controller Manufacturer _____

Model _____

Model Number _____

Purchase Date _____

TOTAL REBATE AMOUNT: _____

Rebate Agreement – Release of Liability

Solano County Water Agency may deny any application that does not meet the requirements. Requirements are listed in the Rebate Program Guidelines and Conditions section. The undersigned agrees to allow the Agency to inspect all Weather-Based Irrigation Controller installations as a condition to obtaining a rebate under this program. The Agency does not guarantee the performance of any Weather-Based Irrigation Controller or that the installation will be free of defects. The Agency also does not warrant the quality of the workmanship, suitability of the premises or the irrigation controller for installation. The undersigned further agrees to hold blameless the Solano County Water Agency against loss, damage, expense, and liability resulting from the loss, destruction or damage of property arising out of or in any way connected with the installation of an irrigation controller. The Agency reserves the right to alter this program at any time. Funding for this program is limited to available resources. Rebates are processed on a first come, first serve basis and will only be processed until funds are depleted. Please allow up to 12 weeks for your completed application to be processed. Incomplete application cannot be processed; thus please make sure to include your water bill account number.

By signing this form I agree that I have read, understand, and agree to the terms and conditions of this rebate program,

Customer Signature _____

Date _____

**Mail To: Teri Marzett, Solano Rebate Program
P. O. Box 1011, Truckee CA 96160**

For Questions, call 800-366-6995