



Smart Irrigation Rebate Application

Applicant Information

| | | | | |
|---|--|--|--------|------|
| Applicant's First Name: | | Applicant's Last Name: | | |
| Install Address: | | City: | State: | Zip: |
| Phone Number: | | Water Account Number (For installation address): | | |
| Mailing Address (If different from installation address): | | City: | State: | Zip: |

Smart Irrigation Information

| Place of Purchase: | | City: | | Store Phone Number: | |
|----------------------|--------------|------------|--------------|---------------------|----------------|
| Purchase Date | Manufacturer | Model Name | Model Number | Quantity | Purchase Price |
| | | | | | |
| | | | | | |
| Total Rebate Amount: | | | | | |

Rebate Agreement and 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 SMART Irrigation Controller installations as a condition to obtaining a rebate under this program. The Agency does not guarantee the performance of any SMART 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 and ConserVision Consulting against loss, damage, expenses, and liability resulting from the loss, destruction or damages of the property arising out of or in any way connected with the installation. The Agency reserves the right to alter this program at any time. Funding for the program is limited to available resources. Rebates are processed on a first come, first serve basis. Please allow up to 12 weeks for your completed application to be processed. Incomplete applications 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 Rebate Program Guidelines and Conditions section.

| | | |
|-------------|------------|-------|
| Print Name: | Signature: | Date: |
|-------------|------------|-------|

Mail to: ATTN: Teri Boughn

P. O. Box 1011
Truckee, CA 96160

For Questions, visit www.waterprograms.com/solano or call 800-366-6995