



Laundry-to-Landscape Graywater REBATE APPLICATION

Mail to: City of Madera, Water Conservation, Laundry-to-Landscape Graywater (L2L) Rebate, 1030 S. Gateway Dr., Madera, CA 93637. Phone: (559) 661-5466 – fax (559) 661-0760, Email: lmcperson@cityofmadera.com,

Date _____

Account Information	<u>Please print clearly</u> Madera City Utility Billing Account # _____ Note: Copy of most recent City of Madera Utility Bill must be included with this application.
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Account Name _____

Account Address _____ Zip _____

Telephone (1) _____ (2) _____ E-mail _____

Attention: Renters and Tenants: Participation requires written approval from property owner and/or property manager. Letter must be attached to application when submitted.

Property Owner (if different from above): _____

Mailing Address _____ Zip _____

Telephone (1) _____ (2) _____ E-mail _____

Building Information <i>(Installation Address)</i>	Building Type (X Select): ___ Multi-Family Apt/Duplex ___ Single Family home ___ PUD ___ Condo ___ Mobile Home ___ HOA Shared billing account ___ Commercial ___ Industrial ___ Institutional
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Laundry to Landscape Graywater Rebate	Rebate credit amount of 85% of cost for purchase of materials and installation of laundry-to-landscape graywater system, not to exceed \$200.
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Laundry-to-Landscape Graywater Program Questionnaire

1. Do you have a working clothes washing machine?
 Yes No (If yes, photo submission of clothes washer is required.)
2. Do you have a yard that is level or down-sloping from the clothes washer?
 Yes No (If yes, photo submission of landscape is required. Please submit at least two photos of your landscape that shows the area where you intend to discharge graywater)
3. How do you currently water your garden?
 by hand with a garden hose
 automatic drip irrigation
 automatic sprinkler system
4. How many people live in your home
5. How many loads of laundry does your household do per week?
6. Estimate the approximate size of your yard in square feet?
7. What is the approximate area in square feet you intend to water with graywater?

Start Date _____ Completion Date _____

Laundry-to-Landscape Rebate (L2L)

Rebate Information

How did you learn about this rebate? _____

Inspection and Documentation

- DOCUMENTATION:**
- Application must be approved prior to rebate. Incomplete applications will be denied and returned.
 - Photos and measurements must accompany application.
 - Compliance with Laundry-to-Landscape Graywater Rebate Guidelines is required.
 - On-site inspections at the address shown on the City of Madera utility bill may be required.

Agreement of Terms and Conditions

City of Madera may deny any application that does not meet program requirements which can be obtained by calling (559)661-5466. The undersigned expressly agrees that the City may inspect all items submitted for the Laundry-to-Landscape Graywater Rebate Program; that the City does not guarantee the performance of any replacement item; and that the City does not warrant any replacement item or installation to be free of defects, the quality of the workmanship, or the suitability of the premises or the installation and upon installation attests they will continue to use and maintain the graywater system. The applicant further acknowledges that if their property is found without the graywater system installed, the rebate will be forfeited and additionally a penalty equal to the amount of the rebate will be assessed to the account. The undersigned further agrees to hold harmless the City of Madera against all loss, damage, expense and liability resulting from the loss, destruction or damage to property arising out of or in any way connected with the Laundry-to-Landscape Rebate Program. The City reserves the right to alter this program at any time without prior notice. Funding for this rebate program is limited to available resources. Rebates are processed on a first come, first served basis.

I have read, understand, and agree to the terms and conditions of this rebate program.

Signature of Applicant _____ **Date** _____

Complete, sign, and date this page. Attach proof of purchase before mailing. Incomplete applications will be denied and returned.

TRACKING # _____
Application: Approved ___ Denied ___ Reviewed by _____

For Official Use Only

Reason for Denial _____
Approved by: _____ Comments: _____

Date to Accounting _____ Amount of Rebate: _____

ACCOUNTING: Rebate Check sent : Date _____ By _____ Voucher No. _____