



Casitas MWD

WEATHER BASED IRRIGATION CONTROLLER REBATE APPLICATION

Mail to: Casitas MWD – Controller Rebate Program – 1055 Ventura Avenue, Oak View, California 93022 - (805) 649-2251

PLEASE NOTE: Applications are processed in the order received. Rebates will be distributed on a first-come, first-served basis. Funding is limited, therefore, rebates are not guaranteed. Please remember to enclose a copy of your most recent water bill, and the original sales/purchase receipt for your new controller, with this application. To be eligible for a rebate, the make and model of the new controller must be listed on the "Make and Model List." Please allow 8-16 weeks to receive a rebate.

ACCOUNT INFORMATION

Water Agency (see your water bill): _____ Water Account# _____

CUSTOMER INFORMATION (INSTALLATION ADDRESS)

First Name: _____ Last Name: _____
 Street address: _____ City: _____ ZIP Code: _____
 Irrigated Landscape Area _____ square feet (2,000 sq. ft. min. and an average July/August usage above 25 units/mo.)
 # of active valves/zones _____ (4 valve/zone minimum) Home Phone Number: _____
 Email Address: _____ Daytime Phone: _____
 Property Type (residential/commercial): _____

WEATHER BASED IRRIGATION CONTROLLER INFORMATION

Date Purchased: _____ Manufacture: _____ Model #: _____
 Date Installed: _____ Number of Zones: _____ Model Name: _____
 Dealer Name: _____ Dealer Location: _____
 Controller Cost (without sales tax): _____ Weather Sensor Cost (w/o sales tax) _____

REBATE CHECK INFORMATION

Make check payable to: First Name _____ Last Name _____
 Payee Phone Number: _____ Other Phone: _____
 Street address: _____
 City: _____ State: _____ ZIP Code: _____
 If payee name is other than account holder, please explain: _____

CONTACT INFORMATION

Contact Person: First Name _____ Last Name _____
 Contact person is _____ owner _____ Daytime Phone: _____
 Other Phone: _____ E-mail: _____ Best time to call: _____

SIGNATURE AND VERIFICATION

I have read, understand, and agree to the Terms and Conditions of the Rebate Program attached to this application. I certify under penalty of perjury that the information on this Application is true and correct.

Applicant Signature: _____
 Print Name: _____ Date: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

Direct Mail _____ Bill Insert _____ Newspaper Ad _____ Web Site _____
 Other: _____

FOR OFFICIAL USE ONLY

Approved Date: _____ Not approved Date: _____ Date received: _____
 Amount approved: _____ Approved by: _____

DISCLAIMER

Casitas MWD does not warrant or assume any liability for the design, manufacture, installation or operation of any irrigation controller obtained under this program.