



### Commercial Ice Machines

Soquel Creek Water District offers up to \$300 credit to business customers who replace ice machines that are water-cooled or non-ENERGY STAR certified with new air-cooled ENERGY STAR certified ice machines. ENERGY STAR label is a product certification program managed by the U.S. Environmental Protection Agency.



ENERGY STAR certified ice machines are about 23% more water efficient than standard models. Please see our website at [www.soquelcreekwater.org](http://www.soquelcreekwater.org) for links to ENERGY STAR certified ice machines.

**Please read the Rebate Program Requirements on the backside of this Application. All rebate applications require the signature of the legal property owner (if different than the applicant).**

Indicate the purchase price, brand name and model number of the new commercial ice machine. Complete the Account & Applicant Information below and sign the back.

Type of Ice Machine Replaced with an ENERGY STAR certified model	Rebate Amount	Purchase Price	Ice Machine Brand Name & Model purchased
<input type="checkbox"/> Water-cooled ice machine  <input type="checkbox"/> Non-ENERGY STAR air-cooled model	<b>Up to \$300</b>		

### Account & Applicant Information

Property address (where rebated product is installed)

City

Zip Code

Applicant name

Name on water account (if different from applicant)

Account Number

Assessor's Parcel Number (APN)

Applicant mailing address (if different from property address)

City

State

Zip Code

Daytime phone number

Alternative phone number

e-mail address (optional)

**Complete both sides of application. See other side for rebate program rules, requirements and signature.**

## Commercial Ice Machine Rebate Application: Rules & Requirements

1. Rebate application must be submitted within 90 days of item(s) purchase. An original, dated sales receipt showing itemized cost for the rebated item(s) must be provided. If you need the original receipt(s) returned, please enclose a self-addressed, stamped envelope with your rebate application. For online purchases, a print out of the final invoice and an original packing or delivery slip is required.
2. All rebate applications must be signed by the legal property owner.
3. To qualify for a rebate, the applicant must be replacing a non-ENERGY STAR model with an ENERGY STAR certified ice machine. Water-cooled ice machines do not qualify for ENERGY STAR and are not eligible for rebates.
4. Ice machines must be new. Resale, leased or rented ice makers do not qualify for the commercial ice maker rebate.
5. No rebate will exceed the purchase price of the item(s). Sales tax and labor are not rebated.
6. The rebated equipment must be installed at an existing Soquel Creek Water District (SqCWD) service address and must be installed prior to rebate request. New development is not eligible for rebates.
7. Rebates are applied as a credit that will appear on a subsequent water bill (see exceptions below). The account must be in good standing to receive a credit. Upon closing an account, any rebate credit balance will be mailed to the account holder. Allow four weeks from the date of rebate approval for credit processing.
8. You will be issued a check in lieu of a credit if: (1) your SqCWD water service is in the name of your Home Owner's Association or Condominium Board and you are the legal property owner of your dwelling unit; or (2) you are the legal property owner (but not the account holder) and you purchased the rebated item(s) for your rental property.
9. Installation of any rebated device, appliance or fixture is the sole responsibility of the applicant, as is determination of the adequacy and compatibility of the existing plumbing system.
10. The applicant is solely responsible for the proper disposal of all materials associated with the installation of rebated fixtures and equipment and the SqCWD assumes no responsibility or liability. Please recycle materials.
11. SqCWD does not endorse specific brands, products or dealers; nor does it guarantee materials or workmanship; acceptance of such is customer's responsibility.
12. SqCWD assumes no responsibility or liability for any damage that may occur to an applicant's property as a result of participation in this program. Due to circumstances beyond its control, SqCWD cannot guarantee that installation of rebated fixtures or measures will result in lower utility costs.
13. The IRS requires all rebate program participants receiving \$600 or more per calendar year in rebates to be issued an IRS Form 1099 unless exemptions apply. If you have received rebates from SqCWD totaling \$600 or more in the current calendar year, you must submit a completed IRS W-9 form (see our website for a copy of this form) with your rebate application 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). 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 SqCWD Rebate Program.
14. SqCWD may at any time, modify, suspend, or terminate this program without prior written notice.
15. A SqCWD representative must be permitted to inspect the property to verify installation and proper construction if requested.
16. Incomplete or illegible applications will be denied.

**I have read, understand, and agree to the Rebate Program Rules & Requirements as stated above.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner's signature \_\_\_\_\_ Date \_\_\_\_\_  
(if different than applicant)

After completing BOTH sides of this application, mail application and original receipt(s) to:  
**Soquel Creek Water District P.O. Box 1550 Capitola, CA 95010** Please note: If you have received more than \$600 in rebates during the current calendar year, also include a completed IRS W-9 form.

**District Use Only:** Application approved  Total rebate Amount granted \$ \_\_\_\_\_ Application denied   
Staff Reviewer \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_  
Inspection by: \_\_\_\_\_ Waived  Date: \_\_\_\_\_