High-Efficiency Showerheads

Soquel Creek Water District (SqCWD) offers rebates to residential customers that replace existing showerheads with high-efficiency showerheads. To qualify for the rebate, replacement showerheads must have a flow rate of 1.5 gallons per minute (gpm) or less and must be EPA WaterSense® approved. Please see our website at www.soquelcreekwater.org for more information on our showerhead rebate and links to WaterSense-approved showerheads, or contact us at (831) 475-8500 for assistance.

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

Indicate the number of showerheads installed, the manufacturer name(s) and model(s) of the showerhead(s), and the total purchase price (excluding sales tax and labor). Complete the Account & Applicant Information below.

<table>
<thead>
<tr>
<th>Rebate Amount</th>
<th>Number of Showerheads</th>
<th>Manufacturer Name &amp; Model</th>
<th>Total Purchase Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Efficiency Showerhead Rebate</td>
<td>Up to $25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Residential Showerhead Rebate Application: Rebate Program Rules & Requirements

1. Rebate application must be submitted within 90 days of item(s) purchase. An original, dated sales receipt must have itemized cost, form of payment and name of vendor. 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. Purchases of used devices do not qualify for rebate.

2. All rebate applications must be signed by the legal property owner.

3. To qualify for the rebate, showerheads must have a flow rate of 1.5 gallons per minute or less and be EPA WaterSense-approved.

4. The maximum number of showerhead rebates is limited to the number of qualifying showerheads in the residence.

5. No rebate will exceed the purchase price of the item(s). Sales tax and labor charges 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 waterservice is in the name of your Home Owner’s Association or Condominium Board and you are the legal property owner of your dwelling unit; (2) you are the legal property owner (but not the account holder) and you purchased the rebated item(s) for your rental property; or (3) you are the tenant of a rental property but are not an account holder.

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 proper installation if requested.

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: ______________
(if different than applicant)