



FINAL APPLICATION

Residential Irrigation Design Rebate

Customer Information (Please Print Legibly)

SAWS Account Number: _____ - _____ - _____ - _____

Street: _____ City: _____ Zip Code: _____

Contact Information:

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Acknowledgements

(please check and initial each):

- _____ I understand that a pre-application and site visit by SAWS are prerequisites for the acceptance of a final application.
- _____ I understand that I must be a SAWS water customer to qualify for conservation rebates. (No sewer-only customers.)
- _____ I understand that SAWS staff will inspect the completed work and may request additional site visits.
- _____ I confirm that the required backflow inspection has been completed.
- _____ I confirm that I have a rain sensor in good working order.
- _____ I understand that I may be asked to provide feedback on the effectiveness of the Irrigation Design Rebate Program.
- _____ I understand that this rebate is only in the form of a credit on my water bill.
- _____ I understand that applying for the rebate is not a substitute for payment on my regular water bill.
- _____ I understand that an incomplete application will delay my rebate.
- _____ I understand that I will receive 25 percent of the rebate upon final inspection and application approval.
- _____ I understand that I must successfully follow SAWS watering recommendations for 12 months to qualify for the remaining 75 percent of the rebate.

Rebate Information: Include appropriate documentation

Permanently capped zones: No. of Zones: _____ @ \$125 = _____

Conversion of pop-up sprays to drip:

No. of Zones: _____ @ \$100 = _____

Splitting an existing single bed/turf zone to two separate bed zone and turf zone or capping 1/2 a zone:

No. of Zones: _____ @ \$100 = _____

Conversion of spray or rotor to multi-stream nozzles in turf zones:

No. of Zones: _____ @ \$50 = _____

Total (not to exceed \$400): _____

Landscape Information:

Total square feet of:

Entire landscape: _____

Turfgrass: _____

Mulched beds: _____

Irrigation Company:

Company Name: _____

Address: Street: _____ City: _____ Zip: _____

Irrigator: First Name _____ Last Name: _____

Irrigator License Number: _____

Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____