



Customized Rebate Application Form

Applicant Information

Business Name: _____

Business Contact: _____

Contact Person Title: _____

Contact Mailing Address: _____

City, State, Zip: _____

Phone No.: Fax No: _____

Email Address: _____

Name of facility to be evaluated: _____

Facility or site address: _____

City: _____

Water Service Account #(s) serving the site and/or facility:
(Account Numbers are an eight digit number found at the top of water bills.
Include fire services and hydrant meters.) _____

Describe type of business or institution: _____

(Examples: Full service-restaurant, Food/beverage manufacture, offices, commercial landscape.)

Project

Project/measure number _____ of a total of _____

Project/measure (one per application)

Type

- ☐ Domestic/Sanitary ☐ HVAC
☐ Process Modification ☐ Landscape

EBMUD Water Conservation Survey Participant

☐ Yes ☐ No Survey Date _____

Measure Identified Through

- ☐ EBMUD Survey ☐ Consultant's Study
☐ In-House Study

Project/Measure Proposed Attached

☐ Yes ☐ No Date _____

Brief Project Description

Estimated annual water saving: _____ gallons per day or
_____ 100 cubic feet (748 gallons) per year/

Estimated project/measure life (years)

Estimated total project cost \$ _____. Expected
completion date _____

Terms and Conditions

By signing this application form I acknowledge that I understand that participation in the Custom Rebate Program is a voluntary and certify that the information supplied on this application is true and correct. I understand that participation in this program is conditioned upon approval of this application by EBMUD and that EBMUD makes specific incentive commitments on ly t h rough a P articipation Agreement. I understand that EBMUD reserves the right to reject this application based on program criteria and that, if EBMUD approves this application, I will receive a letter of approval and a Participation Agreement prepared by EBMUD. I understand that the Customized Commercial Rebate must be for new and purchased on or after the Program start date of January 1, thru December 31, 2015.

Applicant signature: _____

Print Signer's Name: _____

Signer's Title: _____ Date: _____

Applicant Business Name: _____

For EBMUD Use Only

Notice of Approval – valid only if signed by an EBMUD Representative

Signature _____	Date _____
<input type="checkbox"/> Application approved	<input type="checkbox"/> Condition/Comments attached
<input type="checkbox"/> Application rejected	
Potential rebate amount \$ _____	
Installation deadline _____	Measure life _____ (years)