



# Graywater Rebate Application Form

Contact Name:	
Phone:	Email:
Water Service Account Number(s):	
Mailing Address:	Installation Site Address:
Project Description (water source, frequency, end use):	
Estimated Project Cost: \$	Estimated Completion Date:
By signing this application form I acknowledge that I understand that participation in the Graywater Rebate Program is voluntary and certify that the information on this application is true and correct. <b>I understand that participation in this program is conditioned upon approval of this application by EBMUD.</b> I understand that EBMUD reserves the right to reject this application based on the program criteria.	
Participant Signature	Printed Name
	Date
Submit completed application to: EBMUD Water Conservation, P.O. Box 24055, MS 109, Oakland, CA 94623	

For EBMUD Use Only

Estimated daily savings in gallons:	Estimated annual savings in gallons:
Estimated measure life in years:	Estimated life savings in years:
<p>Notice of Approval</p> <p>Valid only if signed by an authorized EBMUD Representative</p>	
Signature:	Date:
<input type="checkbox"/> Application Approved <input type="checkbox"/> Conditions/Comments Attached <input type="checkbox"/> Application Denied	
Rebate Amount \$	Notes:
Install Date:	

