WATER RESOURCES REBATE APPLICATION



How to Complete this Form

- **1. Read.** Read through the entire application first, including the Program Eligibility Guidelines in Section 2.
- **2. Fill & Sign.** Fill in all fields of the form. Sign and initial where indicated in Sections 1 and 2.
- **3. Attach.** Include copies of all required documentation to your application, including a complete W9 Form (attached). Please **do not send originals** as supporting documents will not be returned.
- 4. Submit. Completed applications can be submitted at www.burlingtonvt.gov/water/rebates or mailed to:
 Burlington Water Resources
 Rebate Application Processing
 P.O. Box 878 | Burlington, VT 05402

Questions on your application? Translation services needed? Contact Customer Care at (802) 863-4501 or email <u>water-resources@burlingtonvt.gov</u>.

| SECTION 1 | | | | | | |
|--|--------|--------------------------------|--|------------|----|--|
| APPLICANT & ACCOUNT INFORMATION | | | | | | |
| Date: Name: | | | | | | |
| Mailing address: | | | | | | |
| City: | State: | State: | | ZIP Code: | | |
| Email: | | Phone #: | | | | |
| Service Location: | | | | Account #: | | |
| 1. Property Owner: I am listed on the City of Burlington's property database as an owner of record for this service location. | | approve owner a tenant f | 2. <u>Tenant:</u> I have been approved by the property owner as an authorized tenant for this service location. | | 3. | Property Manager: I am listed as an authorized representative for this property. □ |
| REBATE TYPE | | | | | | |
| WaterSense Plumbing Fixture I have purchased and installed a WaterSense Plumbing Fixture. I have attached a copy of my receipt for this fixture. □ | | | Sewer Lateral Inspection I have attached a copy of the inspection report, and the receipt for this inspection. □ | | | |
| SECTION 1: SIGNATURE | | | | | | |
| The information associated with this application has been examined by me, and is to the best of my knowledge true, correct and complete. Applicant Signature: | | | | | | |

| SECTION 2 | | | | | |
|---|---|--|--|--|--|
| CUSTOMER RESPONSIBILITIES | | | | | |
| Applicants: Please add your initials inside the boxes as you review each responsibility. | | | | | |
| 1. | I have read, understood and agree to abide by the policy document "Water Resources Rebate Policy." | | | | |
| 2. | I understand that if I receive \$600 or more in rebates during a calendar year, this is taxable. | | | | |
| 3. | I understand that records of my participation in this program may be subject to Vermont Public Records Act. | | | | |
| 4. | I have attached the necessary documents for my application to be processed, including a W9 form which will allow the City to issue a rebate check in my name. | | | | |
| SECTION 2: SIGNATURE | | | | | |
| By signing below, I agree to all of the Customer Responsibilities above. The information associated with this application has been examined by me, and is to the best of my knowledge true, correct and complete. | | | | | |
| Applicant Signature: | | | | | |

DO NOT WRITE BELOW THIS LINE

| **FOR WATER DEPARTMENT USE ONLY** | | | | |
|-----------------------------------|----------------------|---------------------|--|--|
| Date Application Received | | | | |
| Date Application Approved | | | | |
| | Rebate Amount | | | |
| | WaterSense Rebate | 460-19-400-000.6520 | | |
| | Sewer Lateral Rebate | 480-19-425-000.6520 | | |
| Approved for Payment by | | | | |