



Smart Irrigation Rebate Program Application

Site Information		Date			
Applicant Name		Site Name (if applicable)			
Site Address					
City		State		Zip	
Company Name (if different than applicant name)					
Daytime Phone No.		Email			
Mailing Address (If different than site address)					
City		State		Zip	
Water Account No.		Site Assessor's Parcel No.			

Your local water agency? (Please check one) <input type="checkbox"/> City of Folsom <input type="checkbox"/> El Dorado Irrigation District <input type="checkbox"/> Orange Vale Water District <input type="checkbox"/> Sacramento Suburban Water District				
Which best describes your property? (Please check one) <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi Family Residential <input type="checkbox"/> Commercial: Small or Large <input type="checkbox"/> Industrial or Manufacturer <input type="checkbox"/> Institutional: School, Health Care, Government				
How did you learn about the program? (Check all that apply) <input type="checkbox"/> Newsletter <input type="checkbox"/> Bill Inserts <input type="checkbox"/> Contractor <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Newspaper / Publication <input type="checkbox"/> Radio / TV <input type="checkbox"/> Billboard <input type="checkbox"/> Utility Website <input type="checkbox"/> RWA Website <input type="checkbox"/> Other				
Installation will be completed by? (Please check one) <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Owner "Do it Yourself" <input type="checkbox"/> Neighbor, Friend Relative, Other				

<p>AGREEMENT</p> <p>I have read and understand the program information as stated in the attached application materials. I understand that by signing below, I agree to allow an official from my water provider to verify the installation of the equipment at said property. I agree to indemnify and hold the Regional Water Authority and my water provider, and their respective directors, officers, employees and agents, harmless from any and all liability or claims for damage, including any attorneys' fees and costs, connected to or in any way arising from the installation of the Smart Irrigation Controller, the inspection of the premises to verify proper installation, and any other activity related to this program.</p>	
<hr style="border: none; border-top: 1px solid black;"/> AUTHORIZED SIGNATURE, AND TITLE (IF APPLICANT IS A BUSINESS)	<hr style="border: none; border-top: 1px solid black;"/> DATE