

SMART CONTROLLER REBATE PROGRAM

SINGLE FAMILY RESIDENCE & COMMERCIAL CUSTOMERS

Name

Email Address

CWASD Account Number

Phone

Smart controller manufacturer

Model

Purchase price

Address

City

State

Zip

Installation Site Address (if different)

ELIGIBILITY

1. All participants must be Coachella Water Authority & Sanitary District (CWASD) customers.
2. All participants must be the property owner of the installation site.
3. CWASD customers must be current with payments.
4. Participants must have a fully functioning irrigation controller with a maximum of eight stations.
5. Installation site must have an available power supply that meets current code requirements.
6. To qualify for this rebate, the smart irrigation controller must monitor weather, soil conditions, evaporation and/or plant water use to adjust watering schedules to actual conditions at the site.

TERMS & CONDITIONS

The participant agrees to leave the controller in place for a minimum of five years unless ownership of the property changes.

Only one controller rebate per customer will be provided.

A copy of the smart controller purchase receipt must be submitted with this application.

Participant agrees to allow CWASD or a representative of the agency to inspect the controller at a mutually agreed upon time within the first year of use.

Participant allows CWASD to contact them for research purposes regarding the controller.

Participant agrees to complete a survey after one year of controller use.

Neither CWASD, nor their contractors or agents, makes any representation or warranty regarding the irrigation controller utilized in this Smart Controller Rebate Program. By participating in the program, participants waive and release the CWASD and their contractors and agents, from any and all claims and causes of action arising out of the purchase, installation or use of the irrigation controller used in connection with the program.

Authorization - I certify that the information in this application is true and correct. I have read, understand and agree to the Eligibility Requirements, Conditions and Waiver of the program.

Print Name

Signature:

Date:



COACHELLA
WATER AUTHORITY &
SANITARY DISTRICT
SERVICE. VALUE. QUALITY.

53-462 Enterprise Way, Coachella, CA 92236

WE'RE HERE TO HELP

If you have any questions along the way, please call us at (760) 501-8100. For more information, please visit ConserveCoachella.com.

FOR OFFICIAL USE ONLY

Date/Time Received:

Applicant in good standing?

Yes No