

Turf Buy Back Rebate Program Application

Participant Information	Application Date:	
Name:		Are you the property owner? Yes/No
Property Address:		South Lake Tahoe, CA 96150
Mailing Address:		
City, State, Zip:		
Phone:	Email:	
DISTRICT USE Account Holder Information if diffe		
Name:	Phone:	Email:
APN: Acc	count #:	Approval Expiration:
Pre-Inspection Approval Date: Staff Initials: Potential Rebate: \$		
Post Installation Inspection and Appro	val Date: Staff	Initials:
Conversion Visible From Street: YES/ NO Past Participant: YES / NO How learned about program:		
Verified Lawn Area:	ft ² Min. Plant Canopy Cover F	Requirement: ft²
Actual Area of Converted Turf:	ft ² Min. Plant Canopy Co	over Requirement: ft²
Water Use Before: Before:	ft² x 22 gallons/ft² =	Gallons/Year
Water Use After: ft ² new canopy cover X 16 gallons/ft ² =Gallons/Year		
Estimated Water Savings:	Gallons/Year	
District Approval:	Date: W-9:	Amount: \$ input:
# 2046.6663 Prepared	Entered	
Participant Agreement:		
have obtained written consent from District's Turf Buy Back Rebate Prog Rebate Program and independently new landscape. I agree that all wor	n the property owner to particip ram (Rebate Program). I am vo selected materials, supplies and k performed complies with appl	ner of the property described above or ate in the South Tahoe Public Utility untarily participating in the District's d labor for the purpose of installing the icable state and local laws, and the Rebate o retain the new landscape for a minimum
reduced water consumption and lov Tahoe Public Utility District, its direct expense, claims, suits and damages, and installation of new landscape m	wer water bills. I agree to defenctors, officers, agents and emplo, including attorney's fees, arisinaterials.	als described above may not result in d, indemnify and hold harmless the South eyees against any and all loss, liability, g out of or resulting from the turf removal
I certify that the information I entered on this application is true and correct and that I have read, understand and agree to the Rebate Program requirements.		

Date: _____

Signature: