



**South Tahoe Public Utility District**  
**Residential Water Efficient Clothes Washer Rebate Application**  
*(Last updated 5/8/2019)*

**Clothes Washer Rebate Eligibility**

1. Clothes washer must have a **Water Factor of 4.5 or less** (Qualifying washers: [https://library.cee1.org/system/files/library/9268/April\\_2019\\_CEE\\_ResidentialClothesWashers.pdf](https://library.cee1.org/system/files/library/9268/April_2019_CEE_ResidentialClothesWashers.pdf))
2. The Clothes washer must be **installed within the service area** by a customer of South Tahoe Public Utility District. Only one rebate available per service address.
3. **Rebate: \$200.00** per Water Efficient Clothes Washer (Not to exceed the cost of the washer.)
4. Submit an **application**, copy of purchase **receipt**, and a **W-9 form**. If your purchase receipt does NOT have the clothes washer make and model number on it, please submit back-up information (ex. copy of the front page of your clothes washer information packet that states make and model #).

Mail: Clothes Washer Rebate  
 1275 Meadow Crest Drive  
 South Lake Tahoe, CA 96150

Email: sthomsen@stpod.us  
 Phone: 530-543-6208

5. The District will accept applications on a **first come, first served basis** and may reject or limit applications based on the availability of funds. Checks are issued only to the property owner or owner's legally appointed representative (**typically 30-60 days after application submitted**).

**Customer Information**

Customer name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

APN (Assessor's Parcel Number): \_\_\_\_\_

**Clothes Washer Information**

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ Water Factor: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Installation date: \_\_\_\_\_

Purchase price: \$ \_\_\_\_\_ Purchased from: \_\_\_\_\_

**Mail check to:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I hereby certify that all information is accurate including claims of customer and equipment information. I have read the eligibility requirements on this form and if any part of the application is found to have been intentionally falsified, I will be required to refund the money.

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>District use:</b>			
District Approval: _____	Date: _____	Amt \$200	W-9 ___ Input ___ E P _____
#2064-6662	Prepared _____	Checked _____	Entered _____