



South Tahoe Public Utility District
Residential Water Efficient Clothes Washer Rebate Application
(Last updated 11/2019)

STEPS TO PARTICPATE

1. Must be a customer of South Tahoe Public Utility District.
2. Purchase and install a new **ENERGY STAR** labeled clothes washer from the program's Qualifying Product List within the South Tahoe Public Utility District service area.
 Qualifying Product List: <https://library.cce1.org/content/qualifying-product-lists-residential-clothes-washers> **Rebate: \$200.00** per qualifying clothes washer, not to exceed the cost of the washer. Limit of one clothes washer rebate per service address for every five years.
3. Submit a completed **application**, copy of itemized sales **receipt**, and a **W-9 form** within **six months** of purchase date. If your purchase receipt does NOT have the clothes washer make and model number on it, please submit supporting information, such as a copy of the front page of your clothes washer info packet.

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

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

Please note:

The District rebates **\$200.00** per qualifying clothes washer, not to exceed the cost of the washer. The District accepts applications on a first come, first served basis. Rebates are not issued when allocated funds are depleted. Rebate checks are issued only to the account holder or property owner's legally appointed representative. Allow up to eight weeks for processing, handling and issuance of rebate.

Customer Information

Customer name: _____
 Service and Installation Address: _____ South Lake Tahoe, Ca 96150
 Phone number: _____ Email address: _____

Clothes Washer Information

Manufacturer: _____ Model #: _____
 Purchase date: _____ Installation date: _____
 Purchase price: \$ _____ Purchased from: _____

Mail rebate check to:

Name (must match name on W-9): _____
 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 _____

District Use:			
District Approval: _____	Date: _____	Amt <u>\$200</u>	W-9 <input type="checkbox"/> Input _____
APN: _____	Account Number: _____		
#2046-6662	Prepared _____	Checked _____	Entered _____