



Turf Buy Back Program APPLICATION

Property Owner Information

Application Date: _____

Name: _____

Property Address: _____ So Lake Tahoe, CA 96150

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Authorized Representative/Tenant Information (When accepted into the program, the signed contract must be accompanied by written permission from the property owner.)

Name: _____

Phone: _____ Email: _____

Location of Conversion: front yard / back yard / side yard **Estimated ft²:** _____

I have read and understand the Terms and Conditions of the Turf Buy Back Program: YES / NO

Have you previously participated in the District Turf Buy Back Program: YES / NO

Last Name:

DISTRICT USE

APN: _____ Account #: _____ Contract Expiration: _____

Pre-Conversion Site Inspector: _____ Date: _____

Measured Area to be Converted: _____ ft² Min. Plant Canopy Cover Requirement: _____ ft²

Post-Conversion Site Inspector: _____ Date: _____

Actual Area of Converted Turf: _____ ft² Rebate Amount: \$ _____

Authorized for use of high efficiency spray nozzles: YES / NO Area: _____ ft²

Before: _____ ft² x 22 gallons/ft² = _____ Gallons/Year

Water Use After: _____ gpm X _____ min/day X _____ days/wk X 21.43 wk/yr = _____ Gallons/Year

Estimated Water Savings: _____ Gallons/Year

Emailed Contract: ___ E-Filed: ___ Photos Filed: Pre/Post Pre Scanned: ___ Post Scanned: ___

ACCOUNTING

District Approval: _____ Date: _____ W-9: _____ Amount: \$ _____

2064-6663/WCPRG-OTHR Prepared _____ Checked _____ Entered _____