

RETURN ALL COPIES TO:
CITY OF BURLINGAME
Water Business Office
501 PRIMROSE ROAD
BURLINGAME, CA. 94010
(650) 558-7210

HORIZONTAL AXIS CLOTHES WASHER REBATE APPLICATION REQUEST FORM ONE PER HOUSEHOLD

APPLICANT'S NAME _____ UTILITY BILL ACCOUNT # _____

INSTALLATION ADDRESS _____ BURLINGAME, CA 94010

COMPLETE MAILING ADDRESS OF APPLICANT _____

CONTACT PERSON _____ TELEPHONE # _____

APPLICATION MUST BE COMPLETED IN FULL WITH
WASHER PURCHASE RECEIPT ATTACHED

MAKE OF WASHER _____ DATE OF PURCHASE _____

MODEL OF WASHER _____ DATE OF INSTALLATION _____

GALLONS PER LOAD _____ INSTALLED BY _____

PROPERTY TYPE: SINGLE FAMILY _____ MULTIPLE FAMILY _____

HOW DID YOU LEARN ABOUT THE REBATE PROGRAM? _____

CUSTOMER CONSENTS TO POST-INSTALLATION VERIFICATION INSPECTION _____ YES _____ NO

CUSTOMER AGREES TO PROVIDE PERTINENT INFO FOR REBATE PROGRAM EVALUATION _____

SIGNATURE _____

=====

FOR OFFICIAL USE ONLY

DATE _____ ACCOUNT #526-69020-290

ORIGINAL RECEIPT ATTACHED _____ PREPARED BY _____

TOTAL ALLOWABLE REBATE **\$75** AUTHORIZED BY _____

VERIFIED BY _____ DATE _____

REBATE APPLIED _____ LETTER SENT _____

COMMENTS _____