



Incline Village General Improvement District
High-Efficiency Appliance Rebate
Application

- Toilet
Washing Machine

High-Efficiency Appliance Rebate Program Guidelines

- IVGID water customers are eligible for rebate credit. A water customer is defined as the customer whose name is on the billing account.
Rebate credit application submittal begins July 1, 2019.
Limited to first 100 program applications per fiscal year.
Application must include all receipts.
Appliance must have been purchased after July 1, 2019.
Rebate credit will be applied to the customer's IVGID utility bill.
Appliance must be installed within IVGID's water boundaries. Residential properties within Incline Village and Crystal Bay only.
Customers will receive one rebate up to a total of \$100 annually. The rebate is for the cost of the appliance only, and does not include the cost of installation.
Rebate will apply to one of the following:
A High-Efficiency toilet that is U.S. EPA WaterSense and uses 1.28 gallons of water per flush (gpf) or less. Qualifying Appliances can be found here: https://www.epa.gov/watersense/product-search
A High-Efficiency clothes washer that is Energy Star rated and has a water factor of 3.7 or less. Qualifying Appliances can be found here: https://www.energystar.gov/productfinder/product/certified-clothes-washers/results
Submit an application, original receipt, and photo of installed appliance with model # to:
IVGID Waste Not
1220 Sweetwater Rd
Incline Village, NV 89451
775-832-1284

Customer Information

Customer Name: _____ Phone number: _____
Service Address: _____ Email address: _____

High-Efficiency Appliance Information

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

I hereby certify that all information is accurate including claims of customer and equipment information and have read the eligibility requirements on this form.

Customer Signature: _____ Date: _____

For District Use only:
Application Receipt Model Number Photo of Installed Appliance
IVGID Account Number: _____
District Approval: _____ Date: _____ Credit Amt: _____