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:
  - WasteNot@IVGID.org
  - 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

District Approval: ____________________________ Date: ______________ Credit Amt: ______________