

**INDIAN WELLS VALLEY WATER DISTRICT
CASH FOR GRASS APPLICATION**

Please read each statement below carefully before signing. If you do not fully understand each of the statements, please call Customer Service at (760) 375-5086 or visit www.iwvwd.com/conservation to review the program guidelines.

- I am the rightful owner of the property described below and I have attached a copy of the deed, tax bill or title report proving my ownership.
- I agree to abide by the rules of this program at the risk of being disqualified.
- If during the pre-inspection my irrigation system is found to have any serious inefficiencies, I understand I may be disqualified.
- I will not begin my landscape conversion replacement project until I have been notified subsequent to the pre-conversion inspection that my application has been approved.
- I understand that if my project is approved upon completion of the post-inspection, IWVWD will mail the rebate check made payable to me within 60 days.
- This application has been accurately completed and the information herein is intended to meet the program requirements.

Property Owner Name (print)	
Service Address	
Mailing Address	
Phone Number	
Email Address	
Customer Account Number (if applicable)	
How did you hear about the program? (circle one)	Mailer Newspaper Radio Website Other _____
Property Owner Signature	
Date	

FOR OFFICE USE ONLY

Application #	Date Received	Circle One: Deed Tax Bill Title
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