

## RESIDENTIAL REBATE PROGRAM APPLICATION

Please fill out this form completely and as accurately as possible. All fields are required unless otherwise indicated. You must submit one (1) form for each piece of equipment you purchased.

<b>APPLICANT INFORMATION</b>	Project #	<input type="text"/>		
	First and Last Name	<input type="text"/>		
	County of Residence:	<input type="checkbox"/> San Joaquin <input type="checkbox"/> Stanislaus <input type="checkbox"/> Merced <input type="checkbox"/> Madera <input type="checkbox"/> Fresno <input type="checkbox"/> Kings <input type="checkbox"/> Tulare <input type="checkbox"/> Kern (Valley portion)		
	AB617 Community (if applicable):	<input type="checkbox"/> South Central Fresno <input type="checkbox"/> Shafter <input type="checkbox"/> Stockton <input type="checkbox"/> Arvin/Lamont		
	Home Address	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mailing Address	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone	Alternate Phone	E-mail		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>EQUIPMENT INFORMATION</b>	Please select which option you are applying for:		
	<input type="checkbox"/> <b>OPTION 1-</b> Purchase of new electric lawn mower ( <i>destroying old mower</i> )		
	Purchase Date	New Electric Lawn Mower Make & Model	Base Price
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<p><b>ATTENTION:</b> Please contact a participating dismantling facility to verify any requirements for submitting the old lawn mower. Personnel at the facility will inspect the old mower and provide you with a <b>Destruction Verification Form</b>. This form must be dated within 30 days of new equipment purchase and be submitted along with your application. For participating facilities, visit <a href="http://valleyair.org/cgym">valleyair.org/cgym</a>.</p>		
Participating Dismantler Name		Date Delivered to Dismantler	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> <b>OPTION 2-</b> Purchase of new lawn care equipment ( <i>no old equipment being destroyed</i> )			
Type of Electric Equipment ( <i>leaf blowers are not eligible</i> )		Base Price	
<input type="checkbox"/> Mower <input type="checkbox"/> Edger <input type="checkbox"/> String Trimmer <input type="checkbox"/> Hedge Trimmer <input type="checkbox"/> Chainsaw <input type="checkbox"/> Pole Saw		<input type="text"/>	

<b>CERTIFICATION</b>	I hereby certify that all information provided in the Rebate Application, including any attachments, are true and correct. By signing this application, I have read, understand, and will comply with all requirements of the CGYM Residential Rebate Program Guidelines.		
	Printed Name of Applicant	Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	

<b>CHECKLIST &amp; SUBMIT</b>	<b>You are almost done!</b>
	Please submit the following:
	<input type="checkbox"/> Signed and completed Rebate Application
	<input type="checkbox"/> Copy of invoice or receipt of purchase
	<input type="checkbox"/> Destruction Verification Form if Option 1
For assistance with your application, please call program staff at (559) 230-5800.	

When complete, please submit via:

**MAIL:** San Joaquin Valley Air Pollution Control District  
Attention: CGYM Rebate Program Staff  
1990 East Gettysburg Ave., Fresno, CA 93726-0244

**E-MAIL:** [grants@valleyair.org](mailto:grants@valleyair.org) | **FAX:** (559) 230-6112

**OR APPLY ONLINE:** [valleyair.org/cgymresidential](http://valleyair.org/cgymresidential)