



EXHIBIT 18-C

FAX 644-4508

Rebate Application



To be eligible for a rebate, the new device(s) must be on the list of approved products. Visit www.mpwmd.dst.ca.us or call 831-658-5601 to determine eligibility. You must apply within 90 days of purchase. Attach the receipts for all covered appliances and parts. Allow four to six weeks for processing.

1. Account Information (Or enclose a copy of your Water Bill)

Water Provider California American Water Account Number (optional) 05-0555926-0

2. Applicant Information

Applicant Emily Smith e-mail Emily.Smith831@gmail.com
Owner Tenant (If tenant, owner's written authorization must be submitted)
Daytime Phone 831-238-2902 Cell Phone 831-238-2902
Mailing Address 1179 Waring Street Unit #
City Seaside State CA Zip 93955
Make check payable to (name) Emily Smith
(If name other than account holder, please explain)
How did you hear about the Rebate Program?

3. Property Information

Property Address 1179 Waring Street Unit #
City Seaside Assessor Parcel Number:
Site / Complex Name
Type of Business in Non-Residential

4. New Toilets Installed

Table with 6 columns: Apt/Unit #, Manufacturer (Make), Model Name or #, Date Installed, Quantity, Type. Includes checkboxes for HET and Urinal - Pint / Zero.

5. Indoor Water Saving Devices

Table with 6 columns: Apt/Unit #, Manufacturer (Make), Model Name or #, Date Installed, Quantity, Type. Includes checkboxes for WM-Residential / Commercial, DW, and IAHW or On Demand.

6. Outdoor water saving devices

Table with 6 columns: Apt/Unit #, Manufacturer (Make), Model Name or #, Date installed, Quantity, Type. Includes checkboxes for Cistern, Smart Controller, Rain Sensor, Soil Moisture Sensor, Lawn removal & replacement, Rotating Sprinkler Nozzle, and Synthetic Turf. Handwritten entry: 1179 Waring St. Replace w/ local natives TBD 2000ft^2 +

7. Commercial water saving devices

Table with 6 columns: Apt/Unit #, Manufacturer (Make), Model Name or #, Date Installed, Quantity, Type. Includes checkboxes for Cooling Tower Controller, Water Efficient Ice Machine, and X-ray process Rectric system.

8. Your signature

By accepting this rebate, I certify that I have read, understand, and agree to the terms and conditions on the back of this application. I further certify that the fixtures for which I am requesting a rebate have been installed in the property identified above. I certify under penalty of perjury that the information stated above is true and complete to the best of my knowledge.

Name Emily Smith Date 4/5/10