



# HOBBY FARM IRRIGATION EVALUATION AND REBATE APPLICATION

**Mail To:**  
Casitas MWD – HF Rebate  
1055 Ventura Avenue  
Oak View, CA 93022  
**Phone:** (805) 649-2251

## PRE-IRRIGATION EVALUATION INFORMATION

Review the Eligibility Requirements and Instructions before proceeding. Applications are processed in the order received. Rebates will be distributed on a first-come, first-served basis. Funding is limited, therefore, rebates are not guaranteed. Remember to enclose a copy of your most recent water bill, with this section of the application.

Water Agency (see your water bill):

Water Account #:

## CUSTOMER INFORMATION AND INSTALLATION ADDRESS

First Name:

Last Name:

Street address:

City:

ZIP Code:

Day Phone:

Email Address:

Mail Address (if different than installation Address):

Proposed Irrigated Area: (Must be more than 2,000 Sq. Ft. & less than 2 Acres) \_\_\_\_\_

## How Did you Hear about this Program?

Direct Mail

Bill Insert

Newspaper Ad

Web Site

Other

## For Official Use Only

Date received:

Approved or NOT Approved Date:

Approved by:

Amount approved:

Purpose:

**Disclaimer: Casitas MWD does not warrant or assume any liability for the design, manufacture, installation or operation of any equipment under this program.**

**I have read, understand, and agree to the Terms and Conditions of the Hobby Farm Rebate Program. I certify under penalty of perjury that the information on this Application is true and correct.**

Applicant Signature:

Date:

**NOTE: Above section is required to qualify for VCRCD's irrigation evaluation. The Below section is required for the rebate, cut here & send in separately, or make copies & send in the required parts duplicated.**

## POST-IRRIGATION EVALUATION INFORMATION

Complete this portion **AFTER** you have received the VCRCD Hobby Farm Irrigation Evaluation, **AND** have implemented recommendations.

First Name:

Last Name:

## REBATE EQUIPMENT INFORMATION (Attach all receipts)

Brief Description of survey requirements implemented:

Completion Date:

Total Cost (without sales tax):

**REBATE CHECK INFORMATION** Applications are processed in the order received on a first-come, first-served basis. Funding is limited, therefore, rebates are not guaranteed. Please allow 8-16 weeks to receive a rebate.

Make check payable to: (If payee is different than account holder, please explain relationship)

First Name:

Last Name:

## CONTACT INFORMATION

Contact Person:

First Name

Last Name

E-Mail:

Phone:

**DISCLAIMER: CASITAS MWD DOES NOT WARRANT OR ASSUME ANY LIABILITY FOR THE DESIGN, MANUFACTURE, INSTALLATION OR OPERATION OF ANY EQUIPMENT UNDER THIS PROGRAM.**

**I have read, understand, and agree to the Terms and Conditions of the Hobby Rebate Program. I certify under penalty of perjury that the information on this Application is true and correct.**

Applicant Signature:

Date:

## FOR OFFICIAL USE ONLY

Date received:

Approved or NOT Approved Date:

Approved by:

Amount approved:

Purpose: