



# TURF REPLACEMENT REBATE PROGRAM

**Mail to:** City of Madera, Water Conservation, Turf Replacement Conversion Rebate, 1030 S. Gateway Dr., Madera, CA 93637. Phone: (559) 661-5466 – fax (559) 661-0760, Email: [lmcperson@cityofmadera.com](mailto:lmcperson@cityofmadera.com),

Date \_\_\_\_\_

<b>Account Information</b>	<p><b><u>Please print clearly</u></b>  Madera City Utility Billing Account # _____  <b>Note:</b> Copy of most recent City of Madera Utility Bill must be included with this application.</p>
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Account Name \_\_\_\_\_

Account Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (1) \_\_\_\_\_ (2) \_\_\_\_\_ E-mail \_\_\_\_\_

Attention: Renters and Tenants: Participation requires written approval from property owner and/or property manager. Letter must be attached to application when submitted.

Property Owner (if different from above): \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (1) \_\_\_\_\_ (2) \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Building Information</b> <i>(Installation Address)</i>	<p><b>Building Type (X Select):</b>      ___ Multi-Family Apt/Duplex  ___ Single Family home ___ PUD ___ Condo ___ Mobile Home ___ HOA Shared billing account  ___ Commercial ___ Industrial ___ Institutional</p>
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**Number of:** People in selected unit \_\_\_\_\_ Selected unit # (if applies) \_\_\_\_\_ Site Name (if applies) \_\_\_\_\_

<b>Turf Replacement Rebate</b>	<p>Rebate amount <b>\$.75</b> per square foot grass replaced with water-efficient landscaping - up to 1,000 square feet. Maximum rebate <b>\$750.</b></p>
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Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_ Location: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Square feet of turf to remove \_\_\_\_\_ Type of turf to remove \_\_\_\_\_

Eligible Replacement (check as many as apply): \_\_\_ Drought-tolerant plants \_\_\_ Mulch \_\_\_ Rock \_\_\_ Un-grouted stepping stones \_\_\_ Permeable hardscape \_\_\_ Artificial turf.

<p>Rebate: _____ square feet @ \$.75 per square foot \$ _____</p>
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**Rebate Information**

How did you learn about this rebate? \_\_\_\_\_  
Would you have removed turf at this time if this rebate was not being offered? Yes \_\_\_ No \_\_\_

**Inspection and Documentation**

- DOCUMENTATION:**
- Application must be approved prior to rebate. Incomplete applications will be denied and returned.
  - Photos and measurements must accompany application.
  - Compliance with Turf Replacement Rebate Guidelines and Requirements is required.
  - **On-site inspections at the address shown on the City of Madera utility bill will be required.**

**Agreement of Terms and Conditions**

City of Madera may deny any application that does not meet program requirements which can be obtained by calling (559)661-5466. The undersigned expressly agrees that the City may inspect all items submitted for the Turf Replacement Rebate Program; that the City does not guarantee the performance of any replacement item; and that the City does not warrant any replacement item or installation to be free of defects, the quality of the workmanship, or the suitability of the premises or the installation and upon installation attests they will continue to use and maintain the turf replacement landscape. The applicant further acknowledges that if their property is found without the turf replacement installed, the rebate will be forfeited and additionally a penalty equal to the amount of the rebate will be assessed to the account. The undersigned further agrees to hold harmless the City of Madera against all loss, damage, expense and liability resulting from the loss, destruction or damage to property arising out of or in any way connected with the Turf Replacement Rebate Program. The City reserves the right to alter this program at any time without prior notice. Funding for this rebate program is limited to available resources. Rebates are processed on a first come, first served basis.

I have read, understand, and agree to the terms and conditions of this rebate program.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete, sign, and date this page. Attach proof of purchase before mailing. Incomplete applications will be denied and returned.

<b>TRACKING #</b> _____	<b><u>For Official Use Only</u></b>
Application: Approved ___ Denied ___ Reviewed by _____	
Reason for Denial _____	
Approved by: _____	Comments: _____
Square feet of turf removed _____ @ \$ _____ = \$ _____	
Date to Accounting _____ <b>Amount of Rebate:</b> _____	
<b>ACCOUNTING:</b> Rebate Check sent : Date _____ By _____ Voucher No. _____	