



Spray Head Retrofit and Credit Rebate Application MP Rotators

Customer Information: _____ **Date:** _____

Name: _____

Address: _____ Palmdale, Ca. / ZIP Code: _____

Phone #: _____

Customer Number: _____ (Customer # is located on water bill)

Eligibility Criteria

- Site owner must be a current PWD residential, multi-family or commercial customer.
- Customer/ owner must retrofit all area irrigated by a specific valve.
- Site owner agrees to allow PWD to inspect site for nozzle installation and operation.
- PWD will rebate \$ 4.00 for each MP rotator as a credit to their account. (Receipt must be included with application).

Installation

- Customer agrees to replace and install the MP Rotators on all sprinkler heads or to hire a licensed contractor to install them. PWD staff will not install sprinkler heads.
- PWD staff may suggest changes to customer's irrigation system but will not make changes on site.
- Customer agrees to hold harmless PWD staff for any changes to customer's system.

Disclaimer

Neither the PWD, nor their contractors or agents, make any representation or warranty regarding the rotating nozzles eligible under this Rebate Program. By participating, applicant waives and releases Palmdale Water District from any and all claims and causes of action arising from purchase, installation, or use of the rotating nozzles, in conjunction with the PWD Rebate Program. Any claim based on any defect or failure of performance of these nozzles, should be pursued with the manufacturer and /or distributor.

Palmdale Water District reserves the right to verify and/or inspect all rebated items. By signing below, applicant agrees to abide by all program guidelines as well as all federal, state and local codes, if applicable.

I certify that the information on this application and attachments is true and correct. I have read, understand and agree to the terms of the Rebate Program as outlined herein.

I have purchased _____ MP Rotator Sprinkler Heads. I understand that PWD will rebate \$4.00 per MP Rotator as a credit to my account.

I understand that I must include the receipt for the MP Rotators with my application for rebate.

Customer Signature: _____

Print Name: _____ **Date:** _____

District Use Only

Application Approval Date: _____ **Application not approved** _____

Explanation: _____

PWD Inspector: _____ **Site Inspection Date:** _____