KENT

## Energy Star WASHING MACHINE Rebate Application

**Application Number** 

Applicant Name (First, Last)					Inst	Installation Address Unit/Apt/Complex Name City Zip Code								
Rebate Check Payable To: (Name)					Mai	Mailing Address								
Home Ph	Home Phone Work Phone					City Zip Code								
Manufacturer Name					Pur	Purchase Price (Unit)				Date of Purchase				
Model						Dealer Name & Address								
To be eligible for this rebate you MUST be a city water customer and pay your bill to the "City of Kent".  The Proof of Purchase (receipt) for the washer MUST be attached to this application. *														
I certify that I have purchased the washer described above for installation at the location indicated and I have not previously received or applied for any rebate for the washer identified above. I understand that the City of Kent reserves the right to inspect and approve the installation for conformity to program requirements prior to payment of the rebate. I certify that the above information is true and correct. Application must be received by the City within 120 days of purchase to be eligible for this rebate.  * Original receipt may be returned upon request after the application has been processed.														
Applica	nt Signat	ure									Date			
Rebate Approved? Signature Yes No						FOR OFFICE USE ONLY					Date			
Accoun	t:	<u> </u>				Qualifying rebate amount \$								
Water System														
Consumption Record (Previous 12 months)														
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total		

Distribution: White: Customer Services Yellow: Water Conservation Pink: Customer