



Turf Removal Program Application  
Part 2 - Rebate Request  
(Submit when project is COMPLETE)



REBATE # \_\_\_\_\_

Please submit to [cdechaine@tvmwd.com](mailto:cdechaine@tvmwd.com) or call 909-621-5568

Applicant Information (please print)			
Property Owner:	Contact Person (if different):		
Daytime Phone Number:	Email:		
Mailing Address:	City:	State:	Zip:
Property Address:	City:	State:	Zip:
Water Agency (on your water bill):	Water Service Account Number (MUST include a copy of a recent water bill):		
Have you received or pursued a rebate with Metropolitan Water District of Southern California? If so, please contact Lisa at the City of La Verne at 909-596-8741.    Yes    No			
Square Footage of Turf REMOVED: Where was turf removed from?  <input type="checkbox"/> Front Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Parkway/Easement <input type="checkbox"/> Other		Notes:	
Who completed the turf removal portion of the project? <input type="checkbox"/> Self <input type="checkbox"/> Contractor			
Did you use a Bagster?    Yes    No    (Include receipt of dumping for \$35 rebate to cover cost of Bagster, NOT dumping fees)			
How is the area irrigated now? <input type="checkbox"/> Automatic sprinklers <input type="checkbox"/> Manual sprinklers <input type="checkbox"/> Hand watered <input type="checkbox"/> Other			
What type of irrigation controller do you use now -- it is new or did you use existing? <input type="checkbox"/> New Model			
<input type="checkbox"/> Automatic controller	<input type="checkbox"/> Smart controller	<input type="checkbox"/> None	<input type="checkbox"/> Other
Briefly describe the project -- plants used, irrigation changes, etc. ("After" photos must be included with this part of application.)			
How did you complete your project? <input type="checkbox"/> Self <input type="checkbox"/> Contractor <input type="checkbox"/> Other		NOTES:	
The following information will help us evaluate program water savings: (your information will NOT be sold)			
1) How many people reside in your home? _____			
2) Do you have a pool and/or fountain?		Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No    Fountain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Do you have a vegetable garden?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Are there any additional high water use needs in the home, such as healthcare? _____			