



OUTDOOR REBATE ELIGIBILITY APPLICATION

Mail or Email Completed Application to:

Water Conservation Program

4520 66th St. W., Bradenton, FL 34210

Phone: (941) 792-8811 EXT 5327

Email: water.conservation@mymanatee.org

****DO NOT BEGIN ANY WORK UNTIL THIS APPLICATION IS APPROVED****

Please fill in all appropriate fields (*Indicates required information):

*Customer's Name: _____

Manatee County Utilities Account Number: _____

*Property Address: _____

Subdivision: _____

*Phone Number: _____

*Email Address: _____

Mailing Address (if different): _____

*Are you the property owner? (only the property owner authorized to submit this form) Yes No

*Is there a backflow preventer installed at your property? Yes No Unknown

(Backflow preventer is required for properties with an in-ground irrigation system per Manatee County Code of Ordinances, Article X of Chapter 2-31-302)

*What rebates are you applying for (check all that apply)?

- Alternative Water Source
- Irrigation Repair/Replacement
- Rain Sensor
- Irrigation Well
- Evapotranspiration Control
- Soil Moisture Sensor
- Reclaim Water Connection
- WaterSense Smart Irrigation Control
- Landscape Retrofit

*Property Owner's Signature: _____ *Date: _____

Property eligibility determined by: 1) Average water consumption exceeding 8,500 gallons per month for the 2-year period immediately preceding the application date 2) Backflow prevention assembly registered and in compliance with County regulations 3) Ability to complete evaluations, workshop(s) if required, and installations/repairs within 365 days from date of the approval of this application, and 4) Only one rebate per type may be received per property and shall not exceed \$2,500 per property, or a combined total of \$3,500 if an irrigation well is included.

Application will be processed within 30 days of submission

For Department's Use Only

Date received: _____ Application Number: _____

Average consumption for 2-year period preceding application date: _____

Backflow Preventer Test Date: _____ Passed Failed Comment: _____

Eligibility Application: Approved Conditionally Approved Denied

Comments: _____

Reviewer: _____ Date: _____