



CITY OF FILLMORE
CENTRAL PARK PLAZA
 250 Central Avenue
 Fillmore, California 93015-1907
 (805) 524-1500 • FAX (805) 524-5707

**BRINE DISCHARGING WATER SOFTENER (BDWS)
 REBATE APPLICATION FORM**

Please complete **ALL** applicable sections of this Application Form, sign it and send or deliver it to: BDWS Rebate Program, City of Fillmore, 250 Central Ave, Fillmore, CA 93015 or FAX it to 524-5707.

Property Detached Home (Single Family) Apartment Mobile Home (Space No.) _____
 Type: Attached Home (up to four-plex) Condominium Please List Mobile Home Park Name
 Check One: Townhome _____

SECTION 1 – APPLICANT INFORMATION

First and Last Name (Please Print) _____ EMAIL address (optional) _____

Address Where Softener Installed _____ Apt. or Space # _____ City _____ State _____ ZIP Code _____

Home Phone No. () _____ Daytime Phone No. () _____

FILL OUT THIS SECTION ONLY IF CHECK SHOULD BE MAILED TO A DIFFERENT ADDRESS THAN ABOVE

Address Where Rebate Check is to be Mailed _____ Apt or Space # _____ City _____ State _____ ZIP Code _____

SECTION 2 -- INFORMATION ON BRINE DISCHARGING WATER SOFTENER TO BE REMOVED

I own the brine discharging water softener for which I am applying:

Yes No – If you are not the owner, have the Owner Sign Here: _____ Actual Date
 Yes No – Was the brine discharging water softener in the home when you purchased the residence? Installed (if un-
 Yes No – I intend to do the removal work myself rather than use the Plumber paid by the City. known, please
 Estimate the
 BDWS Make & Model: _____ Serial Number: _____ Date)

Actual Purchase Price (if unknown \$ _____) Please estimate) _____ To expedite processing of this application, please provide verification of water softener purchase using one or more of the following documents if available: dated receipt, contract, original service agreement, or other relevant paperwork.

This application form is for owners of residential brine discharging water softeners only, no commercial or industrial installations qualify. To be eligible for a rebate, the unit must be installed at a residence that is served by the City of Fillmore sewer system. Upon verifying the application information and the applicant's eligibility, an Authorization for Rebate letter will be forwarded to the applicant identifying the amount of the rebate and a list of approved and licensed plumbers to remove the BDWS unit from the residence at no cost to the applicant. The form can be faxed or mailed using the information at the top of the page.

PLEASE READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGE AND SIGN BELOW
QUESTIONS? CALL 805-524-1500, x236

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ON THE FOLLOWING PAGES. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. PLEASE ALLOW 2 TO 3 WEEKS FOR PROCESSING.

EXECUTED ON _____, 2012 IN _____, CALIFORNIA

APPLICANT SIGNATURE _____

NAME (PLEASE PRINT) _____

**CITY OF FILLMORE
BRINE DISCHARGING WATER SOFTENER
REBATE PROGRAM**

TERMS AND CONDITIONS

1. The unit for which I am applying is a brine discharging water softener, the kind to which rock salt (sodium chloride) or potassium chloride is added. I understand that portable exchange tank units, which are units where the softening tank is exchanged periodically by a service provider for a new softening tank, are not eligible for a rebate. Non-salt water conditioning equipment is also not eligible for a rebate.
2. The rebate is based on the reasonable value of the brine discharging water softener and the cost of its removal and disposal. The reasonable value of the unit will be based on the sale price and installation date of the unit and a 12-year life expectancy of the unit. Depending upon the age, make, and model of the unit, rebates for individual units may range from \$500 minimum to \$750 maximum. Removal and disposal of the BDWS unit is at no cost to the owner if a plumber on the City of Fillmore's list of Approved and Licensed Plumbers are used.
3. Rebate checks will be issued to the applicant identified in Section 1 of the Application Form.
4. The BDWS unit for which I am applying for a rebate is installed at a residence (house, multiplex, condominium, townhome, apartment, or mobile home) located within the City of Fillmore and served by the City sewer system. Residences not served by the City or served by septic tanks are not eligible for the rebate. Commercial and industrial installations are not eligible to participate in this program.
5. I understand that this program is limited to one rebate per residential dwelling address (location where the BDWS is installed).
6. I have not previously applied for a rebate for this BDWS unit.
7. I understand that it is illegal to have installed BDWS units in residences served by the City of Fillmore sewer system after May 2004. Removal of my BDWS unit through this Program creates an amnesty if my BDWS unit was installed illegally.
8. I understand that the BDWS unit for which I am applying for the rebate can be removed and disposed of by myself for which I will receive a fixed payment of \$50 for parts and materials in addition to the Rebate amount or by using the approved licensed plumbers on the list provided by the City in order to be eligible for the rebate payment.
9. I understand that the rebate will not be paid until the City verifies that the BDWS unit has been removed from the residence, has been delivered to the City Public Works Yard, 711 Sespe Place, Fillmore and the removal has passed a City inspection for compliance with City Plumbing Code requirements.
10. I understand the program may be modified or terminated without prior notice.
11. As a condition of accepting this rebate, I will allow a City representative reasonable access to my dwelling to verify that no BDWS units are present before a rebate is paid. I understand that a rebate will not be paid if I refuse to allow access to the City representative to verify that the BDWS unit has been removed from the dwelling unit and the associated plumbing has been restored to a condition that meets City Plumbing Code requirements. The verification must be scheduled within 30 days after the applicant has been contacted by the City representative to schedule the inspection.
12. I understand that the City may contact providers and/or parties to the verify purchase information I have

provided on the cost and age of the unit, as well as my name and/or address.

13. I certify that I own or have the owner's permission to remove and dispose of the BDWS unit to be removed.
14. I am responsible for meeting all rebate program requirements, terms, and conditions and complying with my state/County/City governments, property owner, and/or homeowners association requirements (if any) in my area regarding local conditions, restrictions, codes, ordinances, rules and regulations concerning actions taken under this rebate program.
15. I understand that the City is not responsible for items lost or destroyed in mail / transit.
16. Removal of the BDWS unit must occur within 60 days of the date on the Authorization for Rebate letter or the applicant must reapply. I understand there are limited funds available; approval once does not guarantee approval on reapplication.

I hereby release the City of Fillmore, and the City Council, their officers, agents, consultants and employees from and against any and all claims, demands, liability or loss arising out of activities conducted by or on behalf of the City in connection with the BDWS Rebate Program.

I understand that I may hereafter discover facts different from or in addition to the facts that I now know or believe to be true. I am advised that California Civil Code Section 1542 provides as follows: A general release does not extend to claims which the creator does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I expressly waive and relinquish any and all rights; remedies and / or benefits I may have or that may hereafter accrue in respect to the City's BDWS Rebate Program.