

## RESIDENTIAL REBATE PROGRAM

Please fill out this form completely and as accurately as possible. All fields are required unless otherwise indicated. You must submit one (1) form for each piece of equipment you purchased.

Project #

APPLICANT INFORMATION

First and Last Name

County of Residence:  San Joaquin  Stanislaus  Merced  Madera  Fresno  Kings  Tulare  Kern (Valley portion)

AB617 Community (if applicable):  South Central Fresno  Shafter

Home Address  City  State  Zip Code

Mailing Address  City  State  Zip Code

Primary Phone  Alternate Phone  E-mail

EQUIPMENT INFORMATION

Please select which option you are applying for:

**OPTION 1** - Purchase of new electric lawn mower (*destroying old mower*)

Purchase Date	New Electric Lawn Mower Make & Model	Base Price
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**ATTENTION:** Please contact a participating dismantler to verify the facility's standard for receiving the old mower (i.e. fluids drained, etc.) before taking it to the facility. **You must obtain a Destruction Verification Form dated within 30 days of new equipment purchase and submit along with your application and receipt.** For participating facilities, visit [www.valleyair.org/cgym](http://www.valleyair.org/cgym).

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Participating Dismantler Name  Date Delivered to Dismantler

**OPTION 2** - Purchase of new lawn care equipment (*no old equipment being destroyed*)

Type of Electric Equipment ( <i>leaf blowers are not eligible</i> )	Base Price
<input type="checkbox"/> Mower <input type="checkbox"/> Edger <input type="checkbox"/> String Trimmer <input type="checkbox"/> Hedge Trimmer <input type="checkbox"/> Chainsaw <input type="checkbox"/> Pole Saw	<input style="width: 100%;" type="text"/>

VERIFICATION

I hereby certify that all information provided in the rebate application, including any attachments, are true and correct and by signing this form, I will comply with all Residential Lawn Equipment Rebate Program requirements.

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Print Name  Signature  Date

CHECKLIST & SUBMIT

**You are almost done!**

Please submit the following:

- Signed and completed Rebate Application
- Copy of invoice or receipt of purchase
- Destruction Verification Form if Option 1

*For assistance with your application, please call program staff at (559) 230-6000.*

**When complete, please submit via:**

**MAIL:** San Joaquin Valley Air Pollution Control District  
Attention: CGYM Rebate Program Staff  
1990 East Gettysburg Ave., Fresno, CA 93726-0244

**E-MAIL:** [grants@valleyair.org](mailto:grants@valleyair.org) | **FAX:** (559) 230-6112

**OR APPLY ONLINE:** [www.valleyair.org/cgymresidential](http://www.valleyair.org/cgymresidential)