

## **Washer Rebate Requirements**

### **VOLUSIA COUNTY UTILITIES CUSTOMERS ONLY**

- 1) Offer only applies to Volusia County Water Resources customers. You must get your water bill from Volusia County not a City or private utility.**
- 2) Washer must be purchased within the last 90 days.
- 3) A receipt showing the model number of the washer is required.
- 4) Washer must have a Water Factor of 4.1 to 7.5 to receive \$50.00 credit or a water factor of 4.0 or less to receive \$100.00 credit. For the qualified list, click the link below:  
<http://www.energystar.gov/productfinder/product/certified-clothes-washers/results>  
Select "Find & Compare Products" button on top left of the page to search for qualifying washers.
- 5) Sewer only customers will be eligible for \$25.00 or \$50.00 based on criteria above.
- 6) Application for rebate (2 pages) with receipt attached must be returned to: 123 W Indiana Ave. Room 402, Deland, FL 32720 or emailed to [volusiautilities@volusia.org](mailto:volusiautilities@volusia.org).
- 7) Current account must be in good standing.
- 8) Must be a replacement purchase, not a new purchase.



## Request for Credit



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Water Account Number: \_\_\_\_\_

Machine Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Store where item was purchased: \_\_\_\_\_

Purchase Price of washing machine: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By signing below, I acknowledge my understanding of the rebate program. I further understand that the rebate will be issued in the form of a credit on my water bill for the above address. I have met all requirements for the rebate as indicated in the program requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach receipt here**

Please take a few moments to answer the following questions. We would like to know how much water will be potentially saved in your home by this high efficiency washing machine purchase.

Approximate age (in years) of the machine you are replacing.

What is the estimated number of loads of laundry per week.

The number of people in your household.

**For Volusia County Utilities Use Only**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of credit: \_\_\_\_\_ Applied on: \_\_\_\_\_