



**City of Pullman**  
**WATER CONSERVATION REBATE APPLICATION**

Return application by fax **(509)334-2751** or mail to:

**Finance Department**  
**Attn: Rebate Program**  
325 SE Paradise Street  
Pullman, WA 99163

**ACCOUNT INFORMATION**

Name on Water Account:

Water Account Number:

Account Holder Phone:

**REBATE REQUEST SITE ADDRESS INFORMATION**

Site Address:

Unit#:

Number of toilets at site address being upgraded:

Type of Building(select one):  Single Family  Multi-Family (duplex and larger)

Site/Complex name if not Single Family:

Commercial  Other (explain)

**CONTACT INFORMATION**

Contact Name (legal owner, tenant, property manager etc.):

e-mail:

Phone:

Best time to contact:

Mailing Address:

Unit #:

City:

State:

ZIP Code:

**REBATE CHECK INFORMATION**

Make check payable to  
(must be legal owner):

e-mail:

Mailing Address:

Unit #:

City:

State:

ZIP Code:

Payee Phone:

Payee Social Security # (required for payment)

**SIGNATURE**

By signing this application I certify the information provided is true to the best of my knowledge and I acknowledge that I am the legal owner of the property for which the rebate is being requested. I understand the rebate will only be dispersed to me, the legal owner, and not a property manager, tenant or any other party managing or living on the premises.

Legal Owner (signature)

Date

Legal Owner (printed)