

# WHOLE HOUSE WATER FILTRATION SYSTEM REBATE FORM

Application for a One (1) Time per home Filter Rebate to reimburse up to \$200 for the installation of a **WHOLE HOUSE** water filtration system.

Fill out the information completely. All receipts and a photo of the installed unit must be attached to the form for SJRV Metro Board approval. The Board will review all rebate requests at the next regular monthly board meeting after submittal. Please submit requests via mail: PO Box 5551, Pagosa Springs, CO 81147 or email: [cynthia@sanjuanrivervillage.com](mailto:cynthia@sanjuanrivervillage.com). Please allow up to 4 to 6 weeks for processing.

**Incomplete forms and/or forms missing the attached receipts or photo will not qualify for the rebates. Account must be in good standing with a zero balance to be eligible for any rebate.**

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

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

Property Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Description of Filter Purchased (include <b>Make and Model #</b> )	Date of Purchase	Amount of Purchase
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(Attach all receipts & Photo of Installed Unit)**      **TOTAL:** \_\_\_\_\_

I hereby certify **under penalty of perjury** that I am a customer of the San Juan River Village Metro District (District) and that I am the property owner of the above referenced residential property. **I have installed the WHOLE HOUSE filter that I purchased under this agreement as indicated hereinabove.** I agree to indemnify and hold harmless and defend the District and all of its officers, agents, employees or authorized agents, employees or authorized representatives from any claims, suits, actions, losses or liability of every kind, nature and description, including but not limited to, the delivery, installation, product malfunction, plumbing malfunction, maintenance or use of appliances purchased through this program.

\_\_\_\_\_  
**Signature of Property Owner**

\_\_\_\_\_  
**Date of Signature**

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SJRV Metro District Use Only

Rebate Year: \_\_\_\_\_ Amount of Rebate: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_ Date Rebate Issued: \_\_\_\_\_