



SMART IRRIGATION REBATE APPLICATION

MAIL TO:

Elk River Municipal Utilities
C/O SMART IRRIGATION REBATE
13069 Orono Parkway, P.O. Box 430
Elk River, MN 55330

If you have questions,
please call 763-441-2020
Monday -Friday, 8:00AM to 4:30 PM

ACCOUNT INFORMATION:

NAME ON WATER ACCOUNT: _____

ACCOUNT #: _____

ACCOUNT HOLDER PHONE #: _____

APPLICANT INFORMATION:

Name of person applying _____ Email _____

Day Phone: _____ Cell Phone _____

Evening Phone: _____

Mailing Address: _____

IRRIGATION INFORMATION:

Property Type (circle one): Single Family Association/Multi-family Commercial

Irrigation System Installation Year: _____

INSTALLATION COMPANY: _____ INSTALLER NAME: _____

INSTALLER PHONE #: _____

SMART CONTROLLER INSTALLATION DATE: _____

SMART CONTROLLER BRAND: _____

SMART CONTROLLER MODEL NAME or NUMBER: _____

NUMBER OF IRRIGATION ZONES: _____

YOUR SIGNATURE (required):

Print: _____

Signature: _____ Date: _____

(OFFICE USE ONLY)

REBATE VERIFICATION: Irrigation Use History (past 3 years): Year 1 _____ Year 2 _____ Year 3 _____

Inspection Date: _____ Time: _____ Inspector: _____