



ALTOONA RAIN BARREL GRANT APPLICATION

OWNER/APPLICANT:	
ADDRESS:	
HOME PHONE#:	OTHER PHONE#:

Estimated Cost of the Rain Barrel _____
Reimbursement amount requested _____
 (Maximum of \$75, limit one per address)

CONDITIONS OF RAIN BARREL GRANT.

- Owner/Applicant must be a City of Altoona utility customer.
- Rain barrels previously used as rain barrels or individuals who have previously received a rebate are not eligible.
- Applicant is solely responsible for purchase, arrangement of installation, and payment of equipment.
- Rain barrel must be placed in the rear yard or at the rear corners of the structure. No rain barrels are allowed in the front of the structure.
- Applications must be completed in full; incomplete applications will result in claim denial and/or delay.
- Equipment must be installed prior to submission of application. All grant payments are subject to verification.
- An itemized and dated invoice must accompany the rebate application.
- Applications must be submitted within 30 days of equipment installation unless otherwise authorized.
- \$75 maximum reimbursement for a rain barrel. Limit of one rain barrel per utility customer.
- The rain barrel must be maintained for a minimum of two (2) years. All maintenance costs are the responsibility of the property owner.
- Grants may be subject to income tax. Consult your tax advisor for more information.
- Rain barrels may be subject to random inspection.
- Grants are subject to the availability of funds.
- This program is subject to change or cancellation without notice.

The City will require access to your property for evaluation of this application and inspection of the completed project.

Yes, the City of Altoona may have access to my property and photograph the installed rain barrel.

By signing this application, the applicant agrees that all information provided in this application and the accompanying documents are accurate, the applicant agrees that any of the information on or provided with this application can be shared publically, and the applicant agrees to all the conditions of the program.	
Applicant: _____	Date _____
Print Name: _____	

CITY USE ONLY
DATE SUBMITTED _____

ALL DOCUMENTS ENCLOSED: YES NO
STAFF APPLICATION APPROVAL: YES NO
AMOUNT APPROVED: \$

CITY CLERK DATE:
NOTES:
ALL RECEIPTS, INVOICES, VOUCHERS SUBMITTED <input type="checkbox"/>
APPROVED: YES NO