



Pre-Rinse Spray Valve Program Application

Customer Information (Please fill out form completely)

Date: _____ Account number: _____

Business Name: _____

Installation Address: _____

City _____ State _____ Zip Code _____

Contact Phone #: _____ Email address: _____

Device Information

Make/Model: _____

Date of Purchase: _____ Installation Date: _____ Flow Rate: _____

How did you hear about the program? _____

By submittal of this application, customer acknowledges that the rebate is limited to a one time only \$20.00 rebate per business. Low-Flow Pre-Rinse Spray Valves must be an EPA Watersense product and using 1.28 gallons or less per minute. Customer must be in good financial standing and current on their water bill to receive the rebate. Completed application and original sales register receipt must be postmarked within (60) days of purchase to:

Marietta Water
Attn: Pre-Rinse Spray Valve Rebate Program
627-B North Marietta Parkway
Marietta, GA 30101

I have read and understood the Pre-Rinse Spray Valve rebate program requirements and that the information on this application is true and accurate. Failure on my part to provide true and correct information may subject me to penalties. Please allow four to six weeks for processing. A credit will be applied to your water bill.

Signature: _____ Date: _____

Marietta Water Use Only:

Date Received _____ Date Processed: _____

Approved _____ Denied _____

Comments: _____