



Composter Rebate Form 2020

Please mail or drop off this completed form and a valid sales receipt to:
Regional District of North Okanagan, 9848 Aberdeen Road, Coldstream, BC V1B 2K9

APPLICANT INFORMATION

Name: _____
Mailing Address: _____
City/Prov: _____ Postal Code: _____
Phone: _____ Email Address: _____

Terms & Conditions:

1. The rebate applies to home composting systems purchased from a retailer in the Regional District of North Okanagan and includes backyard compost bins, compost tumblers, food waste digesters, Bokashi and vermicomposting systems.
2. Purchase must be made during 2020. All submissions must be received within 60 days of the date indicated on the receipt. Final submission date is January 31, 2021.
3. A legible, **original**, sales receipt from the retailer must accompany the completed rebate form. The receipt must indicate: name, address, and phone number of the retailer, date of purchase, model number and description of the unit purchased. Incomplete application forms will be rejected. No copies of sales receipts please.
4. The rebate amount is 50% of the total composter price after taxes with a maximum rebate of \$60. Maximum one rebate per North Okanagan household and the compost system is to be used within the Regional District of North Okanagan. There is a limited number of rebates available per year.
5. The applicant shall indemnify and hold harmless the Regional District of North Okanagan, its directors, officers, and employees, from and against all liabilities and damages, in any way based upon or attributable to the applicant's participation in the Composter Rebate Program.
6. The Regional District of North Okanagan reserves the right to alter, cancel, or discontinue this program at any time, and to reverse the rebate if the information provided by the applicant is inaccurate or false, or if the terms and conditions of this program have not been met.
7. Reimbursement should arrive approximately 8 to 12 weeks of mailing/dropping off the form and meeting all eligibility requirements.

CERTIFICATION

I certify that the information provided on this application form and attachment(s) is true and accurate to the best of my knowledge. I have read, understood, and agree to the Terms and Conditions of the Composter Rebate Program.

Print Name: _____
Signature: _____ Date: _____

OFFICE USE ONLY

Control Number: _____ Date Paid: _____
Verified by: _____
GL Code: 01-2-351-617 Batch #: _____

DATE
STAMP