



ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

2551 WEST AVENUE H, STE. 102

LANCASTER, CA 93535

(661) 723-8070

AVAQMD'S ELECTRIC LAWN & GARDEN EQUIPMENT REBATE PROGRAM

To claim the Electric Lawn & Garden Equipment Incentive:

1. Purchase **eligible equipment** & save receipt for proof of purchase. One incentive per eligible purchase. Participant must turn in gas-powered equivalent in operable condition for each eligible purchase/incentive claimed. Participant may claim up to 4 incentives per household. Incentives must be claimed within 60 days of purchase.
2. **Call for exchange appointment: (661) 942-3737** (appts available: M-F 9:00am-4:30pm). COAST AUTO SALVAGE 46404 Division Street, Lancaster (Division St. & G-8)
3. Submit Original Receipt, Release of Ownership Form and Gas-Powered Lawn and Garden Equipment at your scheduled appointment.
4. [Sign Release of Ownership Form \(complete, print and bring with you\).](#) (attached)

*As a condition of receiving Program incentive(s), I understand any returns of new equipment will be for exchange only like-for-like. Original receipt is required for proof-of-purchase.



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RELEASE OF OWNERSHIP & NEW EQUIPMENT DISCLOSURE TO AVAQMD'S ELECTRIC LAWN & GARDEN EQUIPMENT REBATE PROGRAM

I hereby release ownership and all future claims to my gas-powered lawn equipment turned in to this recycling facility to be scrapped and recycled. Once in possession of this facility, I understand I may NOT retrieve or reclaim mine or any gas-powered lawn equipment. As a condition of receiving this rebate(s) for my purchase of eligible, new, battery-electric lawn equipment as listed below, I understand that any returns of new equipment will be for exchange only like-for-like. A printed original receipt is required for proof-of-purchase.

I AGREE TO THE ABOVE STATEMENTS BY SIGNING BELOW.

PARTICIPANT NAME:		DATE:
ADDRESS:		
CITY:		ZIP:
PHONE:	EMAIL:	
SIGNATURE:		

DESCRIPTION OF OLD LAWN EQUIPMENT

1) MAKE & MODEL:	2) MAKE & MODEL:
3) MAKE & MODEL:	

DESCRIPTION OF NEW LAWN EQUIPMENT

1) MAKE & MODEL:	2) MAKE & MODEL:
3) MAKE & MODEL:	

CAS OFFICIAL USE ONLY:			
REBATE INFORMATION		STAFF INITIALS _____	
# OF MOWERS	# OF HAND HELD TOOLS	CHECK #	AMOUNT \$