City of Banning

Residential Shade Tree Rebate Application

First Name	Last Name		Initial
Address	City	State	Zip Code
Day Time Phone		Customer Account Number	

Merchant Purchased from	Purchase Date	Tree Species Selected	Purchase Price
Merchant Purchased from	Purchase Date	Tree Species Selected	Purchase Price
Merchant Purchased from	Purchase Date	Tree Species Selected	Purchase Price
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I, the undersigned, agree that any and all trees which I obtain through the Shade Tree Program are my trees. I understand that I will care for the trees and be fully liable for any damage to person or property which may be caused by the planting, maintenance and presence of the trees. I further agree to indemnify and hold harmless the City of Banning, its employees and agents from any damages related to the trees I receive; under the Shade Tree Rebate Program. I also agree to allow The City of Banning to access my premises for verification purposes. Rebates will be applied to the customer electric account.

_____ _____

Applicant Signature Date

*Attach copy of dated sales receipt as proof of purchase.

For office use only:

Authorization for payment: _____

_____ _____

Signature (Public Benefits Coordinator) Date

_____ _____

Signature (Public Benefits Program Manager) Date

Audit Completed _____Date_____ Cycle_____

City of Banning, Public Benefits, 176 E. Lincoln St., Banning, CA 92220 (951) 922-3260

www.ci.banning.ca.us

Revised 2/10/16