

TOILET REBATE APPLICATION

ACCOUNT #: _____

Service ID #: _____

Please Print or Type

Name _____

Mailing Address _____

Home Phone No: _____ Work Phone No: _____

Address of property where toilet(s) was installed _____

Property Category (B = Business, M = Multi-Family, SF = Single-Family, O = Other) _____

No. of rebates requested _____ No. of bathrooms at property _____ No. of people in household _____

Fixture Manufacturer(s) _____ Product Model(s) _____

Retail price, excluding tax (attach original/or copy of sales receipt) \$ _____ Purchase Date _____

Purchased from _____ Installed by _____

Installation Date _____ Installation Cost \$ _____ Age of fixture replaced _____

I hereby certify that I have Installed said toilet(s) at the subject property.

Signature of Applicant _____

Date _____

Signature of Installer (if different from applicant) _____

Date _____

For Internal Use Only

Date Inspection Scheduled _____ Utility Acct. No. _____ System _____

Date Inspected _____ By: _____

Comments: _____

Application: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Amount disbursed \$ _____ Date _____
Reason not approved _____	Session No. _____
_____	Credit Account: Yes ____ No ____
_____	Remarks _____
Signature/Title _____	Signature/Title _____