



TOILET RETROFIT REBATE PROGRAM

By submittal hereof, customer acknowledges that the rebate shall be paid by a one-time credit applied to customers' of Etowah Water & Sewer Authority water bill. Customer also acknowledges that the credit (s) shall be determined as follows: \$25 each for approved 1.6 or 1.2 gallons per flush WaterSense labeled High Efficiency toilets. There is a limit of two (2) toilet rebates per household/. Customer further acknowledges that the rebate program is subject to available funds, is on a first come-first serve basis and may be cancelled at any time without notice. Credit is available only for qualifying toilets as determined by Etowah Water & Sewer Authority.

How did you hear about this program: bill insert/mailer _____ newspaper _____ website _____ Other _____

Date:	Water Account Number:
Customer Name:	
Installation Address:	
Home Telephone Number:	Work Number
Cell Phone Number or other contact number:	

HOUSEHOLD INFORMATION (House must be built prior to 1993 to qualify)

Year Home Built:		Number of Fixtures Replaced: 1, 2 or _____
Number of People Living in Home: _____	Gallon Size of Current Toilet-Maximum of Two (2)	Circle Number of Bathrooms in Home: 1 1.5 2 2.5 3 3.5 4 4.5 5 More than 5
	Toilet 1 -	

REPLACEMENT TOILET

	Purchase Date	Installation Date	Installed by	Make/Model	Price
Toilet 1					
Toilet 2					

I have read and understand the toilet credit policy as stated above. I understand to receive this credit, I must be the owner of the property and install a certifying toilet and dispose of my current toilet so that it may not be reused. I also understand a site visit may be conducted to verify toilet replacement. The original receipt must be attached to this application for approval. I certify by signing below that I will comply with all of the requirements of the rebate program, that this application is true and correct, and that any failure on my part to provide true and correct information, may subject me to criminal penalties under O.C.G.A 16-10-20 up to and including a fine of \$1,000 and imprisonment for five (5) years.

Applicant Signature:			Date:	
OFFICE USE ONLY	Application Number _____	Date Application Received:	Status: Approved _____ Declined _____	Credit amount applied \$ _____ Date applied _____
	Copy of completed application given to resource manager: Date: _____		Reasons for decline/ action taken: _____ _____	Billing clerk: /CSR _____