

Toilet Retrofit Rebate Program



Single Family Residential Application

Customer Information

Date: _____ Account # _____

Name(Print): _____

Installation Address: _____

City: _____

Zip: _____

Mailing Address (if different): _____

City: _____

Zip: _____

Home Phone # _____

Alternate Phone# _____

Household Information

Year House Was Built: _____ # of People Residing in House _____

of Bathrooms in House: _____

Replacement toilet Manufacturer (Brand Name): _____

Model Name of Number: _____

Gallon Per Flush rating of new toilet _____

Age of Toilet Being Replaced: _____

Have you received a previous toilet rebate from the City: () Yes () No

Price Paid For Toilet _____

Date of Purchase: _____

Date of Installation: _____

Installed by (check one)

() Homeowner () Plumber () Other (specify): _____

How did you hear about the Toilet Rebate Program (check all that apply)

() Plumber () City Representative () City Press Release

() Radio or TV () Newspaper Article () Other

() City's Website

Call (407) 599-3538 for an inspection.

I have read and understand the toilet rebate policy requirements as stated in the attached instruction sheet. I understand that in order to receive the toilet rebate, I must contact the City of Winter Park to schedule an inspection prior to disposal of any replaced toilets. I also understand that an inspection of the installed toilet may be required prior to rebate approval. **Please make sure the original receipt for the purchase of your toilet is attached to this application.**

The City of Winter Park rebate Program is limited to \$100 per qualified High Efficiency Toilet with a maximum rebate of \$300 per household.

Applicants Signature

Date

City Use Only

Date Application received: _____

Purchase Price of New Toilet: _____

Original Receipt Included: _____

Inspection Date: _____

Inspector: _____

Comments: _____

Mail Completed form to:

City of Winter Park Gary Heller - Rebate Coordinator, 401 Park Avenue S., Winter Park, Florida, 32789