



City of Winter Park

Toilet Retrofit Rebate Program

Water &
Wastewater
Utilities



Customer Information

Name: _____ Water Utility Account #: _____
Daytime Phone # _____ Evening Phone # _____
Service Address (Street address where toilet(s) are installed): _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different from above): _____
City: _____ State: _____ Zip Code: _____

Household Information

*** Only single family residential homes built in 1993 or earlier with toilets using 3.5 GPF or greater are eligible ***

Year Home Was Built: _____ Number of People in Household: _____

Toilet Information

*** All toilets must be 1.28 gallons per flush or less ***

The approved list can be found on the EPA's WaterSense website at www.epa.gov/watersense/product-search

| Toilet | Old Toilet Gallons Per Flush | New Toilet Manufacturer | New Toilet Model Number | New Toilet Gallons Per Flush | New Toilet Installation Date |
|--------|---------------------------------|----------------------------|----------------------------|---------------------------------|---------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Rebate Agreement

I have read, understand and agree to the terms of the Toilet Retrofit Rebate Policy. I understand to receive this rebate, I must be a City of Winter Park Water Utility customer, install a qualifying toilet and dispose of my current toilet so that it may not be reused. I understand a site visit may be conducted to verify toilet replacement. Customer acknowledges rebate will be issued as a bill credit up to \$100 (not to exceed actual purchase price) per qualifying toilet with a maximum of three (3) toilets per property. Rebate excludes installation parts, seat and labor costs. The Toilet Retrofit Rebate Program is limited to residential customers only and excludes new construction, room additions or the replacement of existing high efficiency toilets that are less than 3.5 gallons per flush. Rebates applications will be accepted on a first come, first served basis, only while funding is available or until the program is discontinued. The City of Winter Park may, at any time, modify, suspend or terminate this program without prior notice. Approved rebates will be issued as a bill credit within three (3) bill cycles.

Applicant Signature _____ Print Name _____ Date _____

Mail the following documents:

- ☐ Completed rebate application
- ☐ The original receipt for new toilet

City of Winter Park
Attention: Water Rebate Coordinator
401 Park Ave S, Winter Park, FL 32789

For Internal Use Only

Date Received: _____ Date Processed: _____ Verified By: _____ ☐ Approved

Toilet Purchase Price: _____ Rebate Amount: _____ ☐ Denied