

# WaterSense® Toilet Rebate Program

A part of Indoor Water Conservation Programs brought to you by Polk County Utilities and Polk Regional Water Cooperative [www.Polk-county.net/Utilities](http://www.Polk-county.net/Utilities) and [www.SavePolkWater.org](http://www.SavePolkWater.org)

## Contact

Jacqueline Hollister, [JacquelineHollister@polk-county.net](mailto:JacquelineHollister@polk-county.net)

Polk County Utilities, 1011 Jim Keene Blvd., Winter Haven, FL 33880

Fax: (863) 298-4220; Phone: (863) 298-4236



## Program Qualifications:

Active water utility customer of Polk County Utilities

Old toilet(s) is 3.5 gallons/flush or greater (if home was built before 1994, and no new toilets have been installed since 1995, then toilets are considered to be 3.5gallons/flush or greater and will qualify)

Old toilet(s) will NOT be re-installed at any location, and will be rendered unusable or disposed of

New toilet(s) is 1.28 gallons/flush and is a WaterSense® labeled toilet(s)

## Steps to Apply:

Complete this form and submit it to your utility using the contact information above.

If you qualify for the program, a reservation number will be issued to you, allowing 30 days for the installation of new toilet(s) and submission of required documents.

**Keep your original toilet(s) until contacted by the utility for inspection (usually within 2 weeks).**

After installation, submit the following **required documents** by mail, email or fax to the contact above. Be sure to include your reservation number

Pictures of the old toilet(s) in place, with special focus on manufacturer stamps inside back of tank.

Pictures of the new toilet(s) in place

Your purchase receipt

Plumber information (name, address, phone number, and license number), if applicable

**You will be contacted to set up an inspection appointment to verify the new and old toilet(s).**

You will receive your rebate check of **up to \$100** per toilet (maximum of 2 toilets per family), not to exceed the total price of toilet(s), required components and installation, in approximately 4 weeks

## Applicant Information: Please print clearly

Utility Billing Account Number \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_, FL Zip \_\_\_\_\_

U.S. Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Relationship to property (owner, tenant, etc.) \_\_\_\_\_

## Building Information: Please select number of toilets to be replaced

Single Family Residence (up to 2)

Commercial or Multi-Family Residence (# of residential units)

Old toilet(s) gallons per flush      3.5 gpf      5 gpf      7 gpf      unknown

Please specify year built. The home must have been built before 1995. Information can be found on Polk County Property Appraiser Website [www.Polkpa.org](http://www.Polkpa.org) Property search, view PRC file

Have new toilets been installed since 1994?      yes      no      unknown

**Agreement of Term and Conditions**

The utility may deny any application that does not meet program requirements. The undersigned expressly agrees that the utility may inspect all items submitted for the WaterSense® Toilet Replacement Program. The undersigned further agrees to hold harmless the utility and/or Polk Regional Water Cooperative against all loss, damage, expense, and liability resulting from the loss, destruction of damage to property arising out of or in any way connected with the installation of the WaterSense® Toilet Replacement Program. The utility reserves the right to alter this program at any time. Funding for the rebate program is limited to available resources. Rebates are processed on a first come, first served basis. For further questions, please call your utility.

I have read, understand, and agree to the terms and conditions of this rebate program.

**Signature of Applicant**

**Date**

**Complete, sign, and date this page. Incomplete applications will be denied and returned**

**For Official Use Only**

Reservation # PCU-TR-			
Application:	Approved	Denied	
Reviewed by:			
Reason for Denial:			
<b><u>Documentation Confirmation</u></b>			
Old Toilet Photo	New Toilet Photo	Receipts	
<b><u>Inspection</u></b>			
Follow-up Inspection:	Yes	No	
Date of inspection		Approved	Denied
Inspector:			
<b>Total cost</b>	Customer cost	Utility cost	District cost
Date to Accounting:	<b>Amount of Rebate</b>		
<b>ACCOUNTING:</b> Date Rebate Check sent:	By	Check #	