

Approved for Payment: _____ Date: _____ (501-70-70-440-50-45410)

Michael H. Cole, P.E., Utilities Director



SINGLE FAMILY RESIDENTIAL TOILET REBATE APPLICATION



NOTE: Only Low flow, High Efficiency (HET), and Dual Flush Toilets approved by USEPA WaterSense Program qualify for rebate.

Name:

Date:

City of Gillette Utility Acct No.:

Mailing Address:

Zip:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Address of Property Where Toilet(s) Installed:
(If different from above)

Number of Toilets & Number of Bathrooms in Household:

Number of People in Household:

Requested for Rebate

Purchased From (name of retailer or plumber):

Address:

Manufacturer of fixture:

Product Model Number/ Name:

Retail Price(s) **Attach Original Sales Receipt(s)** \$
(Do not include: sales tax, additional parts or installation)

Purchase Date:

Installation Date:

Amount of Rebate Request:

Note: Rebate applications must be submitted within 60 days of purchase/installation

I have read and understood the policy requirements as stated on this application, and I certify that I have installed said toilet(s) at the subject property.

Signature of Applicant and Date _____

Signature of Installer and Date _____
(Please sign again if you installed the toilet yourself)

