

CITY OF PORT ORCHARD
LOW FLOW TOILET REBATE FORM

Applicant _____

Utility Account # _____ Telephone _____

Installation Address _____

Mailing Address _____

PLEASE FILL OUT A SEPARATE FORM FOR EACH INSTALLATION ADDRESS. PLEASE ATTACH:

- City Business Licensed Plumber invoice as proof of installation of Low Flow Toilet

Or

- Locally purchased Low Flow Toilet sales receipt as proof of installation

Mark number of Gallons/Flush used by OLD toilet(s): 7 Gallon 5 Gallon 3.5 Gallon

If replacing more than one toilet, please circle each that apply & write the number of new toilets above the gallons used by old toilets.

New Toilet(s) Brand _____

Model Number _____

AFFIDAVIT OF INSTALLATION

I herby certify that I replaced existing toilet(s) with federal approved 1.6 gal/flush Low Flow Toilet and meet the requirements of the City's Low Flow Toilet Rebate program.

Name _____

Signature _____ Date _____

MAIL TO:
City of Port Orchard 216 Prospect St
Port Orchard, WA 98366

City Staff Use

Water Utility Account Current: _____

Public Works Acceptance Date: _____

Rebate Amount Authorized \$: _____