



Low Flow Toilet Rebate Application

Applicant's Name _____ Installation Address/Service Location _____

Rebate Check Payable to _____ Mailing Address _____

Name on Utility Account _____ Utility Account Number _____

Home Phone/Work Phone _____ # of Rebates _____

Toilet Make/Model _____ Purchase Date/Price _____

A legible copy of the Proof of Purchase MUST be attached to this application.

I certify that I have purchased the toilet(s) described above for installation at the location indicated and I have not previously received or applied for any rebate for the toilet(s) identified above. I understand the City of Ashland reserves the right to inspect and approve the installation for conformity to program requirements prior to payment of the rebate. I also agree to properly discard my replaced toilet. I further agree to submit the above premises to a water audit by the City of Ashland. I certify that the above information is true and correct.

Applicant's
Signature _____ Date _____

FOR OFFICE USE ONLY

Rebates Approved: _____ Inspection Date: _____

Total Amount of Rebate: _____ Inspector: _____

