



**TOILET REBATE APPLICATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Email: \_\_\_\_\_  
Utility Account # \_\_\_\_\_  
Utility Account Municipal Address \_\_\_\_\_

Number of Toilets replaced: \_\_\_\_\_

**Old Toilet Disposal Verification:**

Town of Sylvan Lake Authorized Signature: \_\_\_\_\_  
Town of Sylvan Lake Waste Transfer  
Toilet disposal Verification Stamp.

**STAMP HERE**

**New Toilet Information**

Manufacturer / Model Name: \_\_\_\_\_  
Flush Volume: \_\_\_\_\_  
Original receipt attached.

**CHECKLIST – Include with application**

- \_\_\_ **Original sales receipt for new dual flush toilet.**
- \_\_\_ **Stamped application from waste transfer facility of old toilet.**
- \_\_\_ **Completed application form date and sign.**

**DECLARATION**

I declare that I the undersigned have removed a 13L (or greater) per flush, existing toilet and have installed an eligible dual flush toilet with a maximum flush volume of 6L or less. I have read and understand the parameters of the program and understand that the Town of Sylvan Lake is not responsible for the installation or functioning of the toilets.

By submitting an application, I/we agree to release and save harmless the Town of Sylvan Lake from all claims, actions, losses, damages, expenses and costs of any nature whatsoever arising out of or related to my/our participation in the program.

The Town of Sylvan Lake reserves the right in its sole discretion to reject or accept any application for the program and may discontinue the program without notice.

**Applicant**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_