

Toilet Rebate Application

STEP 1:

Applicant's Name: _____

Phone: _____ Email address: _____

Utility Account Number: _____ Rebate Address: _____

Mailing Address: _____

Is the Applicant the ☐ Home Owner ☐ Renter,

** if renter is checked above please have Registered Home Owners fill this out

Name of Registered Owner: _____ Phone: _____

Please note that only the "Registered Homeowners" can apply for a Toilet Rebate. Please have the registered homeowner fill out this application:

STEP 2:

NEW TOILET INFORMATION:

New Toilet Manufacturer: _____

Number of Toilets being replaced: _____ (original receipt must be attached)

Flush Volume of new toilets: _____ (maximum 6 litres)

STEP 3:

DECLARATION

I **DECLARE** that I the undersigned have removed a 13 litre (or greater) per flush toilet from the above-noted home and have installed an eligible low flush toilet with a maximum flush volume of 6 litres or less.

I **DECLARE** I have disposed of the existing toilet at the Waste Transfer Station, and I have submitted the application form with the original receipt of the replacement toilet to the Waste Transfer Station and **received the required stamp of approval.**

I **DECLARE** I have read and understand the parameters of the program and agree that the Town of Sylvan Lake is not responsible for the installation or functioning of the toilet(s).

I **DECLARE** that by submitting this application, I/we agree to release and save harmless the Town of Sylvan Lake from all 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.

Registered Homeowner's Name: _____

Registered Homeowner's Signature: _____

STEP 4:

CHECK LIST:

Applicants, please initial you have followed each step

1. ORIGINAL SALES RECEIPT is attached to this application. _____ initial
2. I have disposed of the existing toilet at the Waste Transfer Station at 5150 30 Street. _____ initial
3. This application is STAMPED by the Waste Transfer Site below. _____ initial
4. The disposed toilet had 13 liters or more per flush. _____ initial
5. The new toilet installed is a low flush toilet using 6 liters or less per flush. _____ initial
6. This Application if is completed in full. _____ initial
7. I have delivered this application to the Utility Billing Department at the Municipal Government building a 5012 48 Avenue, Sylvan Lake. _____ initial
8. I understand that if I do not follow the steps above, I will not receive a rebate. _____ initial

STEP 5:

WASTE TRANSFER SITE use only:

OLD TOILET INFORMATION:

Old toilet size: _____ (must be 13+ litres to be eligible for this rebate)

Name of staff who verified size of toilet at the Waste Transfer Site: _____

Date it was received by the Waste Transfer Site: _____

WTS Stamp HERE:

UTILITY BILLING DEPARTMENT use only:

Date: _____ Number of Toilets: _____ Amount Rebated: \$ _____

Rebate Approve by: _____ Signature: _____