



**DeKalb County Department of Watershed Management  
Toilet Retrofit Rebate Program Application Form**

**PLEASE FILL OUT FORM COMPLETELY (Please be sure to review application guidelines before completing application form.)**

DeKalb County Customer # \_\_\_\_\_ Single Family Multi-Family: Condo Townhouse  
*\*\*Property Must Be Individually Metered, NOT Master Metered nor Sub Metered\*\**

Applicant Name (Print) \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Property Owner Name (If Different From Above) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Installation Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Note: If you have purchased your property within the last 2-3 months, please provide a copy of your settlement statement, HUD statement, or warranty deed as proof of ownership.

**HOUSEHOLD INFORMATION**

Year Home was Built \_\_\_\_\_ # of Bathrooms in Home \_\_\_\_\_ # of Toilets Being Replaced \* \_\_\_\_\_  
(Must be Prior to 1993) \* Rebate will be issued for a maximum of three (3) toilets per household.

**REPLACEMENT TOILET INFORMATION**

\$50.00 Rebate - 1.6 gallon per flush toilet      \$100.00 Rebate – 1.28 gallon per flush toilet

New Toilet(s) Brand Name \_\_\_\_\_ Model Name and Number \_\_\_\_\_

**Model names and numbers must match eligible model list exactly, please see guidelines for details.**

Purchased From \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Purchase Price \_\_\_\_\_

Installation Date \_\_\_\_\_ Installed By \_\_\_\_\_

**REBATE AGREEMENT**

*If application is approved and funding is available, the rebate check should arrive within sixty (60) days. The rebate check will be mailed and made payable to the property owner. If funding is not available, application will be held on file; when funding becomes available, applications will be processed in the order received.* This program is subject to on-site verification of the purchase and installation of the product. Some limitations may apply. DeKalb County reserves the right to modify this program at any time.

I certify under penalty of perjury that I have read, understand, and will comply with all the requirements of the toilet retrofit rebate program and that the information on this application form is true and accurate.

I understand that I am responsible for the disposal of any replaced toilets so they cannot be reused.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail APPLICATION and ORIGINAL SALES RECEIPT(S) to:** Department of Watershed Management  
ATTN: Toilet Retrofit Rebate Program  
1580 Roadhaven Drive  
Stone Mountain, GA 30083

**Application and original sales receipt(s) must be submitted within 60 days of purchase.**

**DeKalb County Use Only:**  
Date Entered \_\_\_\_\_ Total Rebate Amount \_\_\_\_\_ Verified By \_\_\_\_\_  
Comments \_\_\_\_\_