



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

PLEASE FILL OUT FORM COMPLETELY

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 _____