



## **Toilet Rebate Application**

(for replacing an existing 5-gallon toilet with a 1.6-gallon toilet in homes generally built before 1993)

**Application Number** 

Applicant Name (First, Last)		Installatio	n Address	Unit/Apt/C	omplex Name	City	Zip Code
Rebate Check Payable To (Name)		Email Address					
		Mailing Address					
Primary Phone		City	Zip Code				
Manufacturer Name		Purchase F	Price (unit)	Ye	Year House was Built		
Model	Date of Purchase	Dealer Name & Address					
Rebates Requested 1 2 3		Where / how did you hear about this rebate:					
<ul> <li>To be eligible for this rebate, you must</li> <li>be a city water customer and pay your bill to "City of Kent"</li> <li>attach the original proof of purchase (receipt) to this application*</li> <li>submit this application within 90 days of purchase</li> <li>*Original receipt may be returned upon request after the application has been processed.</li> </ul>							
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 also certify that I am replacing an existing higher volume toilet with a 1.6-gallon or less toilet. I understand that the City of Kent reserves the right to inspect and approve the installation for conformity to program requirements prior to payment of the rebate. I certify that the above information is true and correct.							
Applicant Signature					Date		
FOR OFFICE USE ONLY							
Rebate Approved? Yes No	Signature				Date		
Account			Qualifying Rebate Amount \$				

Send application and copy of receipt to Tony Donati, Public Works Engineering, City of Kent, 220 4th Ave. S., Kent, WA 98032



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