

WaterSense® Toilet Rebate Program

A part of Indoor Water Conservation Programs brought to you by City of Davenport Utilities and Polk Regional Water Cooperative www.mydavenport.org and www.SavePolkWater.org

Contact

Jacqueline Hollister
Water Conservation
1011 Jim Keene Blvd
Winter Haven, FL 33880

Email: JacquelineHollister@polk-county.net
Phone: (863)298-4236
Fax: (863)298-4220



Program Qualifications:

- Active water utility customer of Davenport Utilities
- Old toilet(s) is 3.5 gallons/flush or greater (if home was built before 1994, and no new toilets have been installed since 1995, then toilets are considered to be 3.5gallons/flush or greater and will qualify)
- Old toilet(s) will NOT be re-installed at any location, and will be rendered unusable or disposed of
- New toilet(s) is 1.28 gallons/flush and is a WaterSense® labeled toilet(s)

Steps to Apply:

- Complete this form and submit it to Beth Robertson using the contact information above. If you qualify for the program, a reservation number will be issued to you, allowing 30 days for the installation of new toilet(s) and submission of required documents.
- Keep your original toilet(s) until contacted by the utility for inspection (usually within 2 weeks).**
- After installation, submit the following **required documents** by mail, email or fax to the contact above. Be sure to include your reservation number
- Pictures of the old toilet(s) in place, with special focus on manufacturer stamps inside back of tank.
- Pictures of the new toilet(s) in place
- Your purchase receipt
- Plumber information (name, address, phone number, and license number), if applicable

You will be contacted to set up an inspection appointment to verify the new and old toilet(s).

You will receive your rebate check of **up to \$100** per toilet (maximum of 2 toilets per family), not to exceed the total price of toilet(s), required components and installation, in approximately 4 weeks

Applicant Information: Please print clearly

Utility Billing Account Number _____

Last Name _____ First _____ M.I. _____

Street Address _____ Apartment # _____ City _____, FL Zip _____

U.S. Phone _____ Email _____

Mailing Address (if different from above) _____

Relationship to property (owner, tenant, etc.) _____

Building Information: Please select number of toilets to be replaced

- Single Family Residence (up to 2)
- Commercial or Multi-Family Residence (# of residential units)
 - Old toilet(s) gallons per flush 3.5 gpf 5 gpf 7 gpf unknown
- Please specify year built. The home must have been built before 1995. Information can be found on Polk County Property Appraiser Website www.Polkpa.org Property search, view PRC file
- Have new toilets been installed since 1994? yes no unknown

Agreement of Term and Conditions

The utility may deny any application that does not meet program requirements. The undersigned expressly agrees that the utility may inspect all items submitted for the WaterSense® Toilet Replacement Program. The undersigned further agrees to hold harmless the utility and/or Polk Regional Water Cooperative against all loss, damage, expense, and liability resulting from the loss, destruction of damage to property arising out of or in any way connected with the installation of the WaterSense® Toilet Replacement Program. The utility reserves the right to alter this program at any time. Funding for the rebate program is limited to available resources. Rebates are processed on a first come, first served basis. For further questions, please call your utility.

I have read, understand, and agree to the terms and conditions of this rebate program.

Signature of Applicant Date

Complete, sign, and date this page. Incomplete applications will be denied and returned

For Official Use Only

Reservation # PCU-TR-

Application: Approved Denied

Reviewed by:

Reason for Denial:

Documentation Confirmation

Old Toilet Photo New Toilet Photo Receipts

Inspection

Follow-up Inspection: Yes No

Date of inspection Approved Denied

Inspector:

Total cost	<input type="text"/>	Customer cost	<input type="text"/>	Utility cost	<input type="text"/>	District cost	<input type="text"/>
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Date to Accounting: **Amount of Rebate**

ACCOUNTING: Date Rebate Check sent: By Check #

Clear form

Submit

Print