Polk Regional Water Cooperative

PRWCwater.org

Indoor Water Conservation Programs: WaterSense® Toilet Rebate Program

Contact: **Mary Hayes**
City of Haines City Utilities
426 Claude Holmes Sr. Ave.
Haines City, FL 33844

Email: MHayes@HainesCity.com
Phone: (863) 421-3695
Fax: (863) 421-3699

Program Qualifications:

___Active water utility customer of City of Haines City.
___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 3.5 gallons/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. The City will pick up old toilet(s).
___New toilet(s) is 1.28 gallons/flush and is a WaterSense® labeled toilet(s).

Steps to Apply:

1. Complete this form and submit it to the City of Haines City using the contact information above.
2. 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.
3. **Keep your original toilet(s) until contacted by the utility for inspection (usually within 2 weeks).**
4. After installation, submit the following **required documents** by mail, e-mail or fax to the contact above. **Be sure to include your reservation number.**
   a. **Pictures of the old and new toilet(s) in place.**
   b. **Your purchase receipt**
   c. **Plumber information (name, address, phone number, and license number), if applicable**
5. **You will be contacted to set up an inspection appointment to verify the new and old toilet(s).**
6. 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) in approximately 4 weeks after successfully passing the inspection.

QUESTIONS? Contact your utility using the contact information above.

Applicant Information: Please print clearly

Utility Billing Account Number_____

Last Name_____ First _____ M.I._____

Street Address_____ Apartment #_____ City_____ State_____ Zip_____

U.S. Phone_____ E-mail_____

Mailing Address (if different from above) _____

_____

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

Building Information: Please Select

Number of toilets to be replaced (up to 2 per family)? _____

___ Single Family Residence ___ Multi-Family Residence (# of residential units ___)

___Commercial (may be eligible for more. Please contact your utility.)

Old toilet(s) gallons per flush (if known) ___3.5 gpf ___5 gpf ___7 gpf ___Unknown

Was the home built before 1995? Year built can be found on Polk County Property Appraiser Website www.Polkpa.org
___Yes ___No _____Year built (please specify)

Have new toilets been installed since 1994? ___Yes ___No ___Unknown

Agreement of Term and Conditions

The City of Haines City may deny any application that does not meet program requirements. The undersigned expressly agrees that the City of Haines City may inspect all items submitted for the WaterSense® Toilet Replacement Program. The undersigned further agrees to hold harmless the City of Haines City and the 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 City of Haines City reserves the right to alter this Pogram 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 #: _____

Application: ___ Approved ___ Denied

Reviewed By: _____

Reason for Denial: _____

Documentation

___ Old Toilet Photo ___ New Toilet Photo ___ Receipts

Inspection

Follow-up Inspection: ___Yes ___ No

Date of Inspection: _____ ___ Approved ___ Denied

Inspector: _____

Total Cost $_____ Customer Cost $_____ Utility Cost $_____ District Cost $_____

Date to Accounting: _____ Amount of Rebate: $_____

Date Rebate Check Was Sent: _____ By: _____ Check No. _____