



WaterSense® Toilet Rebate Program

Program Qualifications:

- ___ Active water customer of the Town of Dundee
- ___ Home was built in or before 1994
- ___ Old toilet(s) is 3.5 gallons/flush or greater (homes built before 1994 where no new toilets have been installed will be considered at least 3.5 gallons/flush 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 or less and is a WaterSense® labeled toilet(s)

Steps to Apply:

1. Complete this form and submit it using the information on the PRWC website:
<https://prwcwater.org/water-conservation/rebates-incentives/>
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. If more time is needed, contact PRWC.
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, email, or fax to the relevant PRWC contact:
 - a. Reservation number
 - b. Pictures of the old toilet(s) in place with special focus on the manufacturer stamps inside the back of the tank
 - c. Pictures of the new toilet(s) in place
 - d. Your purchase receipt(s)
 - e. Plumber information (name, address, phone number, and license number), if applicable
5. You may be contacted to set up an inspection appointment to verify the new and old toilet(s).
6. You will receive a rebate of up to \$100 per toilet, not to exceed the price of the toilet(s), its required components, and installation within 6 weeks.
7. Each residence can qualify for up to 2 toilets. Commercial properties may also participate but must contact their utility for maximum qualifying units.
8. **Wait until you have been told to dispose of your old toilet**, usually about two weeks.

Notes on disposal: Contact the Town for toilet pick-up after inspection. If a plumber takes your toilet at the time of installation, your utility will require a written attestation from them that it has been correctly disposed of.

Applicant Information: Please print clearly

Utility _____ Billing Account Number _____

Business Name (if applicable) _____

Last Name _____ First _____ M.I. _____

Location Street Address _____ Unit# _____

City _____, FL Zip _____ relationship to property _____

U.S. Phone _____ E-Mail _____

Mailing Address (if different from above) _____

Building Information: Please select



Polk Regional Water Cooperative

PRWCwater.org

Water Conservation Programs

WaterSense® Toilet Rebate Program

TR # _____



SavePolkWater.org

____ Single Family

____ Multi-Family/Apt (# of units ____)

____ Commercial

Number of toilets to be replaced ____ (up to 2 per household)

Old toilet(s) gallons per flush (if known): ____ 3.5 gpf ____ 5 gpf ____ 7 gpf ____ unknown

____ Year the home was built (Year built can be found on Polk County Property Appraiser website www.Polkpa.org)

Have new toilets been installed since 1994? ____ yes ____ no ____ unknown

Agreement of Term and Conditions

The Utility will deny any application that does not meet all 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 or damage to property arising out of or in any way connected with the WaterSense® Toilet Replacement Program. The Utility reserves the right to alter or discontinue this program at any time. Funding for the rebate program is limited to available resources. Rebates are processed based on the date fully completed applications are received. The acceptance of a submitted application does not evidence funds are then available for the rebate program. For further questions, please contact 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 sent _____ Check # _____

For questions and to submit your application:

Beth Robertson

Water Conservation

UF/IFAS Extension Polk County

(863) 519-1050

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