



RESIDENTIAL TOILET REBATE PROGRAM APPLICATION

Rebates are limited to individual residential account customers of the City of Norcross Water System

CUSTOMER INFORMATION

Name: _____ Telephone: _____
Email address: _____ Water Utility Account #: _____
Installation address: _____ Mailing Address (if different from installation address): _____

How would you like to receive your rebate CONFIRMATION? (check one) email to address above, OR letter to mailing address

HOUSEHOLD INFORMATION

*****ONLY SINGLE-FAMILY HOMES ARE ELIGIBLE*****

Year home was built: _____ (must be 1993 or earlier)
Number of toilets replaced (max of 2): _____
Gallons per flush of OLD toilet #1: _____
Gallons per flush of OLD toilet #2: _____

ONLY APPROVED TOILETS PURCHASED AFTER JANUARY 31, 2009 ARE ELIGIBLE

Refer to the frequently asked Questions on the Toilet Rebate Program webpage for information on determining the gallons per flush of your old toilet(s).
http://www.northgeorgiawater.org/files/ToiletRebate_FAQ.pdf

ALL TOILET REBATE PARTICIPANTS

TOILET REBATE PROGRAM POLICY:

By submittal hereof, customer acknowledges that the rebate is a one-time rebate to be received only if the customer has purchased eligible toilets after January 31, 2009 and is in good financial standing with the water utility. Customer also acknowledges that the credits shall be determined as follows: \$50.00 for each 1.6 gallon per flush toilet with a maximum of two (2) toilets per household. Customer further acknowledges that the rebate program is subject to available funds and may be cancelled at any time without notice.

I have read and understand the toilet program policy as stated above. I understand to receive this rebate, I must install a qualifying toilet and dispose of my current toilet so that it may not be reused. I also understand that an installation verification visit may be conducted to verify toilet replacement and grant permission by virtue of this application. The original receipt for the new toilet purchased must be attached with this application for approval. I certify by my signature below that I will comply with all of the requirements of the rebate program, that this application is true and correct in all respects, and that any failure on my part to provide true and correct information may subject me to penalties.

Applicant's Signature

Date

APPLICATION INSTRUCTIONS

Mail us the following documents:

- Copy of Most Recent Water Bill
- Original Receipt for the new toilet(s) purchased

Mail to:

Norcross Public Works Department
Toilet Rebate Program
65 Lawrenceville Street
Norcross, GA 30071

CITY USE ONLY. DO NOT WRITE IN THIS BOX

Application number: _____ Approved Denied Date received: _____ Rebate Amount \$ _____

65 Lawrenceville Street, Norcross, Georgia 30071
(678) 421-2027 City Hall, (770) 242-0824 Fax