

City of Gainesville Plumbing Retrofit Program

Applications must be filled out completely. Incomplete applications or photocopied receipts will result in delay or denial of eligibility. Applications will only be honored for homes built prior to 1993 (according to the tax assessor's office). Please visit www.gainesville.org and click on Plumbing Retrofit Program for eligibility requirements and details.

Mail completed application and original receipt to:

Attn: Plumbing Retrofit Program, 2641 Old Flowery Branch Road, Gainesville, GA 30504

For questions or more information please call the Water Conservation Program at (770) 532-7462.

A \$75 credit per retrofitted toilet will be added to your City of Gainesville water bill.

(THIS PROGRAM IS ONLY AVAILABLE TO SINGLE-FAMILY RESIDENTIAL CUSTOMERS WHOSE HOME WAS BUILT PRIOR TO 1993)

Customer Information:

Date: _____ Account Number (located on water bill): _____

Name: _____

Installation Address: _____
Street City Zip

Mailing Address (If Different) _____
Street City Zip

Home Phone: _____ Work Phone: _____

Household Information:

Date home constructed: _____ Number of bathrooms in home: _____

Number of people residing in home: _____ Gallons per flush (old toilets): _____

Replacement Toilet Information:

Number of toilets replaced: _____ Date of Purchase: _____ Date of Installation: _____

Price of toilet(s): _____ Make/model/gallons: _____

Installed By: _____ (Please identify name of plumber, homeowner, etc.)

How did you hear about the program? _____

How did you dispose of the old toilet(s)? _____

Would you like to receive a FREE water assessment and/or water conservation kit to obtain additional water savings in your home?

Check one: YES _____ NO _____

I have read and understand the toilet credit policy as stated above. I understand to receive this credit I must install a 1.6 or 1.28 gallon per flush toilet and dispose of my current toilet so it may not be reused. I verify that my home was built prior to 1993. **I also understand a site visit may be conducted to verify toilet replacement.** The **ORIGINAL receipt** 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 criminal penalties under O.C.G.A. § 16-10-20 up to and including a fine of \$1,000.00 and imprisonment for five years.

Applicant's Signature: _____ Date: _____

City of Gainesville Staff Use Only

Application # _____ Date application sent to billing: _____

Imputer: _____ water assessment: **Y** **N**
conservation kit: **Y** **N**