

# City of Gainesville Single-Family Residential Plumbing Retrofit Program

**Applications must be filled out completely. Incomplete applications or photocopied receipts will result in delay or denial of eligibility. For questions or more information please call the Water Conservation Program at (770) 532-7462.**

## **Rebate Requirements:**



1. Home must be built prior to 1993. (according to the tax assessor's office)
2. Toilet being replaced (old toilet) must be 3 gallons per flush or greater.
3. A **1.28 gallon per flush** toilet bearing the WaterSense label must be installed.
4. Current toilets must be disposed of so they may not be reused.
5. The ORIGINAL receipt must accompany application.

Mail completed application and original receipt to:

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

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

## **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 or Cell Phone: \_\_\_\_\_

## **Household Information:**

Date home constructed: \_\_\_\_\_ Number of bathrooms in home: \_\_\_\_\_

Number of people residing in home: \_\_\_\_\_ Gallons per flush or date stamped in tank of old toilet: \_\_\_\_\_

## **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 all that apply:  Water assessment  Conservation kit

I have read and understand the toilet credit policy as stated above. I understand to receive this credit I must install a **WaterSense certified 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: \_\_\_\_\_