



Polk Regional Water Cooperative

PRWCwater.org

Indoor Water Conservation Programs: WaterSense® Toilet Rebate Program



Contact: **Jennifer West** **Email:** jwest@auburndalefl.com
 City of Auburndale Utilities **Phone:** (863) 956-7734
 PO Box 186
 Auburndale, FL 33823

Program Qualifications:

- Active water utility customer of City of Auburndale Utilities
- 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 3.5gallons/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
- 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 your utility using the 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. If more time is needed, contact CAU as above.
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 or email them 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, if applicable (name, address, phone number, and license number); use of plumber is not required
 - d. If the new toilet is already installed, a photo of the old toilet in place is required (no exceptions)
5. **You will be contacted to set up an inspection appointment to verify the new and old toilet(s).**
6. Approximately 4 weeks after successfully passing the inspection, you will receive a rebate equal to 100% of those costs collectively totaling \$100 or less which you actually incurred to purchase and install a toilet and its required components. There is no rebate for that portion of those collective costs which exceed \$100.00.
7. The maximum possible rebate is \$100 per toilet. No more than 2 toilets per residence can qualify for this rebate program

QUESTIONS? Contact City of Auburndale Utilities using the information above

Applicant Information: Please print clearly

Utility Billing Account Number _____ Relationship to property (owner, tenant, etc.) _____
 Last Name _____ First _____ M.I. _____
 Location Street Address _____ Unit # _____ City _____, FL. Zip _____
 U.S. Phone (_____) _____ Email _____
Mailing Address (if different from above)

Unit # _____ City _____ State _____ Zip _____

Building Information: Please select

Number of toilets to be replaced (up to 2 per family)
 ***** Multi-Family and Commercial may be eligible for more than 2 toilets. Please contact CAU.*****

Single Family Residence (please indicate) 1 or 2 toilets to replace

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 may deny any application that does not meet 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 of damage to property arising out of or in any way connected with the installation of the WaterSense® Toilet Replacement Program. The utility reserves the right to alter this program 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 #CAB-P921-TR- _____

Application: 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 No. _____

Location Code: _____