



**Port Colborne Residential Ultra Low
Flow Toilet Rebate Program
Application Form**

Application Information (Please Print Clearly)

First Name	Last Name	Phone Number
Mailing Address	City/Town	Postal Code
Name of Property Owner (if different from above)	Phone Number	
Address of Toilet Installation (if different from above)	City/Town	Postal Code
Municipal Water Billing Account Number, Or check box if you are on a private well.	Number of Toilets at Address (limit of three per household)	Number of Persons at Address

Toilet Installation *Port Colborne City Approved Toilets Only*****

Manufacture [e.g. American Standard/Kohler]	Model Name [e.g. Cadet 3 EL (EB) / Cimarron (EB)]	Flush Capacity(s)
Purchase Date (YYYY/MM/DD) Must be after January 1, 2009	Purchase Location (store)	
Install Date (YYYY/MM/DD) Toilet must be installed at time of application	Installed by: Did it Myself Plumber/Contractor	

I have hereby read, understand, and agree to the terms and conditions of the Port Colborne Residential Ultra Low Flow Toilet Rebate Pilot Program as provided on page 2 of this application form:

Applicant's Signature Date (YYYY/MM/DD)	Property Owner's Signature (if Different from applicant) Date (YYYY/MM/DD)
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Application Submission Check List

	You have fully completed and signed the Port Colborne Residential Rebate Application Form?
	Original sales receipt or invoice included? Photocopies will not be accepted.
	Box sticker or cut-out showing 'make', 'model' and 'flow capacity' included with application?

For City of Port Colborne Use Only

Applicati on #	Date / Time Received	Date Approved	Rebate Amount \$	Approved by:
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