



High-Efficiency Toilet (HET) Rebate Application



IMPORTANT:

- Application must be received within three months of purchase.
- Rebate valid for residential accounts only.
- Application must include a copy of the original proof of purchase that includes purchaser's name, address, and the model number of the toilet purchased.
- See www.ci.corvallis.or.us/consERVE for qualifying models and other program rules.
- Incomplete or illegible applications can not be approved; please complete entire form.

APPLICANT INFORMATION:

Applicant name Installation address Apt. or Unit number

City State Zip code

Home phone Work or cell phone City Utility account number

e-mail address

Name on City Utility account if different from applicant name

Rebate payable to Mailing address Apt. or Unit number

City State Zip code

Please complete and sign page two of this form →→→

FIXTURE INFORMATION:

Manufacturer (brand) Model number (not serial number)

Place of purchase Date of purchase Purchase price

Do you rent or own the residence where the toilet is installed? _____

How old is the residence? _____

How many people live at the residence? _____

A legible copy of the proof of purchase that clearly shows purchaser's name & address and the model number of the toilet must be attached to this application.

I certify that I have purchased the qualifying Water Sense or UNAR High-Efficiency Toilet (HET) described above within the past three months and that the HET described above is installed in the residence identified as the installation address on page one. I have not previously received or applied for a City of Corvallis rebate for the toilet identified above. I understand Corvallis Public Works reserves the right to inspect and approve the installation for conformity to program requirements prior to payment of the rebate. I certify that all information on this application form is true, correct, and complete. I further agree to submit the above premises to a water assessment by Corvallis Public Works staff. I understand that Corvallis Public Works reserves the right to alter this program at any time.

Applicant signature (required)

Date signed

Mail completed form to:
Toilet Rebate • Corvallis Public Works • PO Box 1083 • Corvallis OR 97339-1083

FOR OFFICE USE ONLY

Reviewd by: _____ Date: _____

Rebate approved? **Y N** If no, reason for denial: _____

Inspection date: _____ Inspector: _____