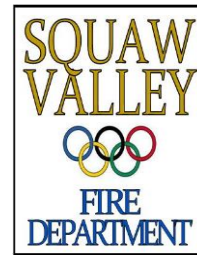




SQUAW VALLEY PUBLIC SERVICE DISTRICT

Low Flow Toilet Rebate Application



Low Flow Toilet Rebate Credit Program Guidelines

1. Residential and commercial rebate application submittal begins April 1, 2016.
2. Limited to first 214 applications. The District will accept applications on a **first come, first served basis** and may reject or limit applications based on the availability of funds.
3. SVPSD **water** customers are eligible for rebate. A water customer is defined as the customer whose name is on the billing account.
4. **One application must be submitted for each toilet being replaced.**
5. Application must include all original receipts, including the make and model number. If your purchase receipt does NOT have the toilet make and model number on it, please submit back-up information (example: copy of the front page of the information packet that states make and model #).
6. Toilets must have been purchased after April 1, 2016.
7. Toilets must be installed within SVPSD's boundaries. SVPSD staff shall perform inspections of all installations prior to crediting your water bill.
8. Customers will receive a \$100 credit on their water bill per toilet installed.
9. Rebates will only apply to replacing existing toilets that use more than 2 gallons per flush with a new 1.6 gallon or less flush per toilet.
10. New construction, tear-down rebuild construction, and bathroom additions are not eligible to receive rebates. Bathroom remodels on existing bathrooms with toilets are eligible.
11. Submit an **application** and **original receipt(s)** to:
 SVPSD Low Flow Toilet Rebate Credit Program
 PO Box 2026
 305 Squaw Valley Road
 Olympic Valley, CA 96146

Customer Information

Customer name (as appears on bill): _____

Service Address: _____

Phone number: _____ Email address: _____

Low Flow Toilet Information

Manufacturer: _____ Model #: _____

Purchase date: _____ Installation date: _____

Purchase price: \$ _____ Purchased from: _____

I hereby certify that all information is accurate including claims of customer and equipment information and have read the eligibility requirements on this form.

Customer Signature: _____ Date: _____

District Use:	
District Approval: _____	Inspection Date: _____
APN: _____	Customer #: _____ Credit Amt: _____ Date Entered: _____