

**Madison Water Utility
Apartment Buildings of More than Four Units
High Efficiency Toilet Rebate
Application Form**

Please read all program rules before submitting.

Applicant Information

Building Owner Name (please print) _____
Installation Address _____, unit numbers _____
City _____ State _____ Zip _____
Total number of apartment units getting replacement toilets (one rebate per unit) _____
Owner's Mailing Address (if different) _____
_____ Zip _____
Telephone _____ Request rebate as ___ check or ___ bill credit (choose one)

Apartment Unit General Information

Number of bathrooms per unit _____ Installation date(s) _____
Estimated tank size of toilets (gallons) being replaced:
check one: ___ 1.6 gallons per flush; ___ 3.5 gallons per flush; ___ 5 gallons per flush or larger.
Year building was constructed _____
Approximate number of people in apartment units getting replacement toilets _____

Toilet Information (Use separate form for each model/type of replacement)

New toilet manufacturer (brand) _____ Model name _____
WaterSense HET number _____ Purchase price per toilet _____
Total reimburseable cost (at no more than \$100/toilet) _____

Rebate Agreement

I have read, understand, and agree to the terms and conditions in the Apartment Building Toilet Rebate Program description. I understand that I must dispose of the replaced toilets so they cannot be reused. I understand and agree that the Madison Water Utility upon prior notification to me may inspect the premises to verify installation of the rebated WaterSense toilets

Applicant Signature _____ Date _____

Mail your completed application form and your original dated receipt, which should show the number of toilets purchased, to:

Madison Water Utility
Toilet Rebate Program
119 East Olin Avenue
Madison, WI 53713