

**Madison Water Utility
High Efficiency Toilet Rebate
Residential Application Form**

Please read all program rules before submitting.

Applicant Information

Name (please print) _____

Installation Address _____, unit number _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

_____ Zip _____ Telephone _____

Request rebate as ____ check or ____ credit on next utility bill (choose one)

Household Information

Number of bathrooms in your home _____

Estimated tank size of toilet (gallons) being replaced: check one: ____ 1.6 gallons per flush; ____ 3.5 gallons per flush; ____ 5 gallons per flush or larger.

Year home was built _____ Number of people in household _____

Toilet Information

New toilet manufacturer (brand) _____ Model name _____

Model number _____ Purchase price _____

Rebate Agreement

I have read, understand, and agree to the terms and conditions in the Toilet Rebate Program description. I understand that I must dispose of the replaced toilet so it cannot be reused in Dane County. 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 toilet (one per household).

Applicant Signature _____ Date _____

Mail your completed application form and your original dated receipt to:

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