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
(608) 266-4641