

**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 \_\_\_\_\_

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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