



Ultra - Low Flow Toilet Replacement Rebate

1.28 gallon/flush toilets only

(Please print clearly)

Utility Account# _____

Name (print): _____

Home Phone: _____

Day Phone: _____

Mobile Phone: _____

Address: _____

Zip: _____

E-mail: _____

How did you hear
about this
program?

Number of toilets
being replaced

By signing this form, I certify that I will purchase a low flow toilet and have it installed for residential use at the address indicated above within the City of Tamarac. I understand that in order to receive this rebate, I must dispose of the toilet that was replaced so it cannot be reused. I also understand that there may be an inspection to insure installation.

Signature _____ Date: _____

To be completed by City of Tamarac Staff only:

Rebate Application #	
Received by:	Date:
Approved by:	Date:
Applicant Notified by:	Date:
Forwarded to Financial Services:	FPO#
Installation Verified	Number of Units : By: Date: