

# BRASELTON TOILET REBATE PROGRAM

Please Return to: Braselton Utilities Department

Property Owner (Entire form must be completely filled out to be processed.)  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Installation Address

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Town of Braselton Water Account# \_\_\_\_\_

CONVERSION FROM HIGH-FLOW TOILETS TO LOW-FLOW OR HIGH-EFFICIENCY TOILETS:

Number of Fixtures Replaced

\_\_\_\_ Low Flow or High-Efficiency Toilets @ \$100.00 each (limit of 2)

Total Rebate Due: \_\_\_\_\_.

NOTE: Applicant must be a residential customer on the Town of Braselton water system, must own property or be owner's agent at installation address, and installation address.

## TOILET REBATE PROGRAM INSTALLATION:

Type of Installation: Homeowner \_\_\_\_\_ Plumber \_\_\_\_\_

(A HOMEOWNER INSTALLATION MUST BE CERTIFIED AFTER INSTALLATION BY A LICENSED PLUMBER.)

Brand and Model of Toilet(s) Installed:

\_\_\_\_\_

## TOILET REBATE PROGRAM INSTALLATION VERIFICATION FORM CERTIFICATION

I certify that I have replaced \_\_\_\_\_ high flow (3.0 gallons or higher per flush) toilet(s) in my home/apartments with an approved 1.6 gallon or less per flush toilet(s) and that the above information is correct. I have read, understand, and agree to the Program Conditions listed at the bottom of this page. I understand that providing false information may result in voiding any rebate and could result in criminal prosecution.

Property Owner/Utility Customer Signature

\_\_\_\_\_

PLUMBER (must be completely filled out upon installation or inspection of homeowner installation.)

I verify that I am a licensed plumber working for a plumbing or general contractor licensed by the State of Georgia that the above information is accurate, that the above-mentioned customer is eligible for a rebate for toilet(s) and that I will remove, disable, and deliver the old toilets for recycling. I understand that providing false information to verify a rebate is a criminal offense.

\_\_\_\_\_  
Plumber/plumbing contractor signature  
license

\_\_\_\_\_  
Plumber/plumbing contractor state  
license number

Date: \_\_\_\_\_

For Town Use only:

Rebate in the amount of \_\_\_\_\_ approved.

Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_