

TO BE ELIGIBLE FOR REBATE, YOU MUST PAY YOUR WATER BILL TO SEMINOLE COUNTY ENVIRONMENTAL SERVICES.



SEMINOLE COUNTY TOILET REBATE APPLICATION

Mail or hand deliver this application to Seminole County Water Conservation, Toilet Rebate Program, 500 W. Lake Mary Blvd., Sanford, FL. 32773.

Service Account Information (Installation Address): **PLEASE PRINT**

Account Name: _____ Account Number: _____

Parcel I.D. # _____ Street Address: _____

City, State, Zip: _____ Daytime Phone: _____

Email Address: _____

Subdivision/Mobile Home Park/Condo Name (if applicable)

Home Type (check one): Owner-Occupied Single Family Owner-Occupied Condo or Mobile Home Other

Person to Contact: _____ Phone: _____

Year Home was built _____ #People in house _____ Gallons per flush of new toilet? _____

Do you have an irrigation system? Yes No Gallons per flush of toilet being replaced: 3.5 gpf 5 gpf 7 gpf

Certification, Terms and Conditions:

I hereby certify that I am the owner of record, and that I have read, understand and agree to the terms and conditions of this Toilet Rebate Program. I certify that I have replaced the toilets as listed on the application, and have properly disposed of the old toilet. I understand that any toilet, for which a rebate is issued, is subject to random onsite installation verification. I agree that I will respond to a brief water conservation survey. The County does not guarantee toilet performance or workmanship. The County reserves the right to withhold a rebate for failure to comply with program requirements.

Signature: _____ Printed Name: _____ Date: _____

**ORIGINAL SALES RECEIPTS MUST BE ATTACHED TO THIS APPLICATION.
THE WATERSENSE LABELED LOGO FROM THE BOX MUST ALSO BE ENCLOSED.
PLEASE INCLUDE PICTURE OF OLD TOILET AND NEW TOILET (INSTALLED).**

