

## TOILET REPLACEMENT REBATE APPLICATION

### APPLICANT INFORMATION

Name:

Business Name (if applicable):

Are you the homeowner / business owner  
(yes or no):

Street or Civic Address:

City:

Postal Code:

Mailing Address (if different than above)

City:

Postal Code

Water & Sewer Account #:

Phone:

Phone:

Email:

### TOILET INFORMATION

#### Toilet #1

Toilet installed by (self or plumber's name):

Toilet Brand:

Toilet Model:

Store purchased from:

Litres per flush (6L, 4.8L, or Dual-flush):

Purchase price:

Purchase date:

#### Toilet #2 (optional):

Toilet installed by (self or plumber's name):

Toilet Brand:

Toilet Model:

Store purchased from:

Litres per flush (6L, 4.8L, or Dual-flush):

Purchase price:

Purchase date:

### HOUSEHOLD / BUSINESS INFORMATION

Total # of toilets in household/business:

# of toilets being replaced:

Have you applied for a grant through the PEI Office of Energy Efficiency?

Where did you hear about the rebate program?

### CUSTOMER CHECKLIST

INCLUDE WITH YOUR APPLICATION:

Original Sales Receipt for Purchase of Toilet:

Disposal Receipt of old toilet (obtained from Green Isle):

By signing this form, I acknowledge acceptance of all the Terms and Conditions of the City of Charlottetown Toilet Replacement Rebate Program

Customer Signature:

Date:

### FOR OFFICE USE ONLY:

Inspection (yes/no):

Date:

Inspection By:

Sales Receipt Attached: Yes  No

Disposal Receipt Attached: Yes  No

Rebate Approved (yes/no):

# of Eligible Rebates (1 or 2):

Rebate rate (\$60 or \$75):

Total Rebate:

Rebate Approved (yes/no):

If No, reason:

Rebate Approved by:

Date:

Application #:

