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## Form E1

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Application No. \_\_\_\_\_

### TOWN OF PILOT BUTTE APPLICATION FOR PROVINCIAL TOILET REPLACEMENT REBATE PROGRAM (Single Family Dwellings Only)

**A max of 3 toilets per application**

**APPLICANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**CHEQUE PAYABLE TO: as above ( ) OR**

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

INSTALLATION ADDRESS (if different from above, or if mailing address is a Post Office box):

Street Address **OR** land location (if no street address). \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Toilet Details:

**Each toilet must be certified under CSA or c-CPU with a flush volume of 6 litres or less and must replace a toilet with a flush volume of 13 litres or more.**

Date Purchased (must be purchased after January 1, 2012 to qualify): \_\_\_\_\_

Total number of toilets removed by flush volume: \_\_\_\_  $\geq$  13 litre \_\_\_\_  $\geq$  18 litre \_\_\_\_  $\geq$  22 litre

Total number of new toilets installed by flush volume: \_\_\_\_ Dual Flush \_\_\_\_ 6 litre or less (max. of three total per application)

Declaration:

By signing this, I declare the following information is true and accurate:

I am the registered property owner or authorized agent, the toilets which have been replaced used 13 litres (or more) per flush , and these old toilets have been destroyed and properly disposed of and have not been made available for re-use.

I have read and understood the terms of the program and meet all eligibility requirements. I understand that the Town of Pilot Butte is not responsible for the installation or functioning of my new toilet(s).

By submitting the application and accepting the rebate, I agree to release and save harmless The Town of Pilot Butte from all claims, actions, causes of action, losses, damages, expenses and costs of any nature whatsoever arising from or related to my participation in the program.

The Town of Pilot Butte reserves the right to reject or accept any application for the program. Any qualified rebate may be subject to onsite inspection, verification or follow-up contact by The Town of Pilot Butte, and I agree to provide access to a The Town of Pilot Butte inspection.

Signature: \_\_\_\_\_

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

The receipt(s) must show clearly that a toilet was purchased. Please add the manufacturer and model names of the toilet(s) if this information is not on the receipt. If your toilet was supplied and installed by a plumber or other paid professional, their receipt must indicate clearly that they supplied the toilet. Otherwise, a purchase receipt must be submitted.

For office use only:

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

Application#: \_\_\_\_\_

Previous application: \_\_\_\_\_

Approval / Non-approval signature: \_\_\_\_\_