



TOILET REBATE APPLICATION FORM

WATER CONSERVATION PROGRAM

705-726-4242

CLIENT INFORMATION	NAME (FIRST/LAST)		OWNER'S NAME & ADDRESS (if different)		
	STREET ADDRESS		STREET ADDRESS		
	CITY	POSTAL CODE	CITY		
	PHONE (HOME)	PHONE (WORK/EXT.)	OWNER PHONE (if different)		
FIXTURE COSTS	TOILET	MAKE	MODEL	COST (A)	REBATE (B) *

WATER BILLING	<i>Rebate will be applied to the active water billing account</i>				
	WATER BILLING ACCOUNT NUMBER: _____				
OWNERS LIABILITY	I _____ confirm that this home was built prior to 1996 and hereby certify that I am the building owner of record. I have read, understand and comply with the guidelines for the Toilet Rebate Program and have provided the following documentation/information:				
	<ul style="list-style-type: none"> • Proof of toilet purchase receipt • Water billing account number 				
_____			_____		
Signature			Date		

For Office Use Only

Received By (<i>Service Barrie CSR</i>): _____	Date Stamp: _____	
Water Billing Account #: _____		
<input type="checkbox"/> Age of building confirmed via Great Plains (pre 1996)		
<input type="checkbox"/> Original application form and receipt scanned and sent to swtp@barrie.ca		