

Toilet Replacement Rebate Application Form

Please email your application to: publicworks@squamish.ca

Before you submit your form

- Rebates are processed on a first-come, first-served basis. The District of Squamish is not responsible for the installation of new toilets and reserves the right to perform inspections to confirm low flow toilet installation. The program may be discontinued without notice.
- Prepare all required documentation for your application submission with your application form.

OFFICE USE ONLY

Date Received: _____
YYYY/MM/DD

File No.: _____

Project No.: _____

Applicant Information

Name: _____

Utility Account Number: _____

Installation Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Number of People in Household: _____

Mailing Address (If different from above.)

Address: _____

City: _____ Postal Code: _____

New Toilet Information

Purchase Date: _____ Installation Date: _____

Type	Quantity	Model Number	Model Name
4.8 Lpf HET (1.28 gpf)			
Dual Flush			

Required Documents

Attach the following REQUIRED documents:

Two photos of old toilet 1. Installed in the house. 2. Flush volume (often located inside the tank, on the tank label, on the back of the bowl, or on the flush valve).

Photo of new toilet installed in your home.

Completed application form.

Receipt from landfill.

Either:

Receipt of new toilet indicating model name and model number.

OR

Copy of plumber's receipt indicating plumber's name, company info, signature and trade qualification (TQ) number, toilet model information (name and number) and confirmation of disposal at landfill.

Declaration

I declare:

- That my property is connected to the District of Squamish water system;
- that I have removed a 13 L per flush (or greater) toilet and installed a high efficiency 4.8 L maximum per flush or dual flush toilet;
- that I disposed of the old toilet(s) appropriately;
- that the lifetime maximum of two toilet replacement rebates per dwelling unit has not been exceeded;
- and that I read and understand the terms of the program.

Full Name of Applicant (*please print*)

Signature of Applicant

Date

DD/MM/YYYY