



WaterSense



Toilet Rebate Guidelines

City of Raleigh, c/o Toilet Rebate Program
One Exchange Plaza, Suite 620
Raleigh, NC 27601

Website: www.raleighnc.org
Phone: (919) 857-4540

PROGRAM DATES: APRIL 7th, 2009 to June 1st, 2012 or UNTIL FUNDS ARE EXHAUSTED

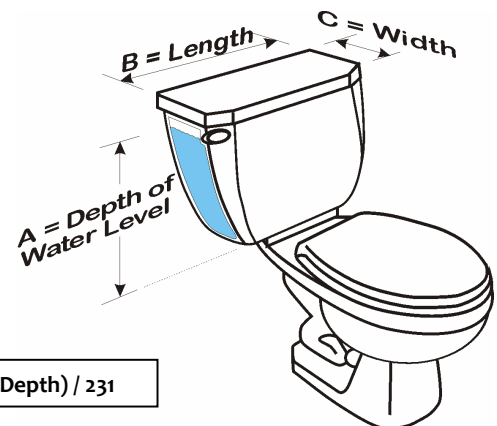
The City of Raleigh is now offering toilet rebates up to \$100¹ to cover the purchase of a new EPA **WaterSense** labeled toilet for our water and sewer customers. TO QUALIFY, APPLICANTS MUST:

1. Be a City of Raleigh water and/or sewer customer. This includes our residential or non-residential (commercial, industrial or institutional) customers located: Raleigh, Garner, Knightdale, Rolesville, Wendell, Wake Forest, Zebulon. **EACH WATER ACCOUNT IS ALLOWED ONE APPLICATION ONLY, SOME EXCEPTIONS MAY APPLY.**
2. Be current in their water bill and not owe past due fees.
3. Measure the old toilet's tank and record on the application. See subsequent section.
4. Replace an old toilet, of 1.6 gallons or higher flush volume, with an EPA **WaterSense** labeled toilet. New toilet installations are not covered in this rebate nor are replacements for current **WaterSense** toilets.
5. Include the original receipt(s) for the toilet(s) dated on or after April 7, 2009.
6. Agree to a post-installation inspection to verify the toilet's eligibility.

Still confused about your eligibility? Contact the Public Utilities Department at (919) 857.4540.

OLD TOILET INFORMATION: For verification of eligibility, and statistical and monitoring purposes, each applicant is required to provide the measurements of the old toilet's tank. These measurements must be recorded on the application! Lift the tank lid and take three measurements, in inches, from inside the tank:

- A. Depth of the Water Level = amount of water used from one flush. If all the water is emptied from the tank in one flush then measure from the bottom of the tank to the water line. If not, then calculate the change in water levels before and after one flush.
- B. Length (inside the tank, left to right)
- C. Width (inside the tank, front to back)



$$\text{GPF} = (\text{Length} \times \text{Width} \times \text{Water Depth}) / 231$$

¹ Rebate amount is determined by the cost of the toilet, tax included, with a maximum rebate of \$100 per toilet. Installation fees are not eligible to be included for rebates. Rebates will be given as checks and not as credit on the water bill unless the water accounts are not current; then the rebate may be denied or given as a credit towards the water account.

THE ORIGINAL RECEIPT must be included in the application to process your rebate, and it will not be returned to you. To be classified as an original receipt the invoice must include the following: Company's letterhead, invoice number, purchase date, toilet brand, model name and numbers², price. No copies allowed and invoice may not state "Quote" or "Balance Due".

VERIFICATION OF INSTALLATION: The City of Raleigh reserves the right to inspect the installation of **WaterSense** labeled toilet(s) submitted for this rebate program. If the installation is provided by a licensed plumber, this inspection may not be necessary; however, the applicant must include a copy of the receipt from the licensed plumber containing the following information: Plumber's contact details, Company name, NC license number, Toilet's brand and model name/numbers, Installation date & location.

DISPOSAL: All applicants must dispose of their old toilets properly after installing the new toilet. Toilets, from Raleigh residences, may be picked up for free as part of the City's Bulky Load Pick-Up. For more information, call (919) 996-6890, or visit: www.raleighnc.gov/bulky .

APPROVAL: Rebate checks, and not credits, will be disbursed to approved applicants. These will be mailed to the address listed on the rebate application. Please allow eight weeks for processing. Due to staff and resource constraints, not all applicants will be informed when their application is received or approved.

PROGRAM DURATION: The program commenced April 7, 2009 and will be offered until June 1st, 2012 or until rebate funds are spent. Program is subject to change, or terminate, at any time without prior notice. **PENDING APPLICATIONS PROCESSED FOR THE REBATE PROGRAM AT THE TIME FUNDS ARE EXHAUSTED WILL BE DENIED AND THE APPLICANT WILL NOT BE ENTITLED TO REIMBURSEMENT.**

WARRANTIES AND REPRESENTATIONS: THE CITY OF RALEIGH MAKES NO WARRANTIES OR REPRESENTATIONS THAT THE EPA's **WaterSense** LABELED TOILETS SELECTED BY THE APPLICANT WILL PERFORM AS REPRESENTED BY ITS MANUFACTURER OR SELLER. THE CITY OF RALEIGH IS NOT RESPONSIBLE FOR THE WORK OF THE INSTALLER, WHETHER A LICENSED PLUMBER OR OTHERWISE.

Don't see your question answered here? Visit the City's website to view our Toilet Rebate FAQ page.

ALL APPLICATIONS MUST BE RECEIVED BY JUNE 1st, 2012. APPLICANTS MUST COMPLETE ALL DETAILS ON THE APPLICATION AND SEND IT VIA CERTIFIED POST, WITH THE ORIGINAL-DATED RECEIPT(S), TO:

CITY OF RALEIGH
C/O TOILET REBATE PROGRAM
ONE EXCHANGE PLAZA, SUITE 620
RALEIGH, NC 27601

² Toilets are either sold as a one-piece toilet or a two-piece (tank and bowl); only the EPA combinations listed qualify for the **WaterSense** label.



WaterSense

Toilet Rebate Program



OFFICIAL OFFICE USE ONLY		DATE RECEIVED:
Application #:	Inspection Date:	Rebate \$
Approved <input type="checkbox"/>	Comments:	Toilet #:
Disapproved <input type="checkbox"/>	Approver Signature:	Date:

BUSINESS APPLICATION: This application is for businesses. Checks will be made to the business name unless otherwise noted. Application must be complete or it will be denied. Print in blue or black ink only.

ACCOUNT NAME (AS APPEARS ON BILL):			<input type="checkbox"/> OWNER		
*WATER ACCOUNT #			<input type="checkbox"/> TENANT		
BUSINESS TYPE:					
BUSINESS NAME:			CONTACT:		
CHECK PAYABLE TO:					
PHONE: () -			EMAIL:		
SERVICE ADDRESS (AS APPEARS ON BILL):			CITY:	STATE	ZIP
MAILING ADDRESS:			CITY:	STATE	ZIP

Quantity	OLD TOILET INFORMATION (READ GUIDELINES FOR DIAGRAM)				
	TANK MEASUREMENTS (INSIDE)			Toilet Age:	OFFICIAL USE: GPF
	Length:	Width:	Flush depth:		

Additional Comments:

Quantity	NEW TOILET INFORMATION				
	Brand Name:	Model Name/Number:	*Install Date (M/D/Yr):	Price with tax:	OFFICIAL USE: EPA #

TURN OVER TO COMPLETE →

DISCLAIMER

- Applicants are allowed only one application per water account customer; some exceptions apply.
- Rebates are only available to City of Raleigh water or sewer customers. Rebate(s) will not be disbursed to customers whose account owes past due fees or to those who do not purchase an EPA **WaterSense** labeled toilet(s).
- **Original receipt(s) for the toilet(s) listed on this application must be included with the application.** Rebate(s) will cover only the cost of the toilet. Installation charges will not be included in this rebate.
- Applicants must dispose of their old toilets properly. The City of Raleigh is not responsible for improper disposal methods.
- Filing an application does not ensure rebate disbursement. Program is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding and supplies last. Program is subject to change or terminate without prior notice.
- **The City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur for use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise.**

HOME OWNER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- I acknowledge that I am the home or owner of the address listed on this application; that the toilet(s) provided in this application were installed at the above address; and I agree to an inspection of these toilets.
- I have read and agree to the program guidelines and conditions.

FULL NAME (ALL CAPS) _____

SIGNATURE _____ DATE _____

ACCOUNT HOLDER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- I acknowledge that I am the City of Raleigh water account holder for the address listed on this application. I agree to the program guidelines and the use of my consumption data for program monitoring.

HOA NAME (IF APPLICABLE): _____

TITLE (IF APPLICABLE): _____

NAME (ALL CAPS): _____

SIGNATURE _____ DATE _____

PHONE: _____

ORIGINAL APPLICATION MUST BE MAILED WITH ORIGINAL RECEIPT TO:

**CITY OF RALEIGH
C/O TOILET REBATE PROGRAM
ONE EXCHANGE PLAZA, SUITE 620
RALEIGH, NC 27601**