

Applicant (must be registered owner):

Name: _____

Company (if applicable): _____

Owner's Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Water Customer Number (top right corner of utility bill): _____

Property Address (if different from above): _____

Day Phone: _____ Evening Phone: _____

Number of Bathrooms: _____ Age of Home: _____

Where did you learn about this program?: _____

Toilet(s) Installed:

Number installed (maximum two per dwelling): _____

Manufacturer: _____

Model Number/Name: _____

Flow Rating (6.0 litres per flush Max, CSA or Warnock Hersey Certified): _____ L/flush

Applications MUST (absolutely no exceptions) be accompanied by the following:

CHECKLIST: Have you met all of the requirements?

- Detailed receipt, dated after July 29, 2004, for purchase of low flow toilet.
- Photo of old toilet in place.
- Photo of old toilet removed with tank broken.
- Photo of new toilet in place.

I certify that the noted fixture has been installed at the above address as a replacement for the toilet shown in the attached photographs. I agree to permit a representative of the City of Coquitlam access to the property to verify the installation.

Signature: _____

Date: _____

Office Use Only:

Eligible rebate _____ x \$100 = \$ _____

Inspection __Yes__ No Date: _____ by _____

Rebate approved __Yes__ No Date: _____

Reason for Rejection: _____
