



DeKalb County
Department of Watershed Management
Toilet Retrofit Rebate Program Application Form



PLEASE PRINT & FILL OUT APPLICATION COMPLETELY: Please be sure to review application guidelines before completing application form. For application guidelines or questions, please visit our website at www.dekalbwatershed.com or email us at DeKalbToiletRebate@dekalbcountyga.gov. You can also leave a voicemail at 770-414.2360.

DeKalb County Customer # _____ ☐ Single Family ☐ Multi-Family/Duplex ☐ Condo ☐ Townhouse
(Water Acct. #) ****Property Must Be Individually Metered, NOT Master/Sub Metered****

Installation Address _____ City _____ Zip Code _____

Applicant Name _____

Day Phone # _____ Evening Phone # _____

Property Owner (If Different From Above)

Name _____ EMAIL _____

Mailing Address _____ City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Note: If you have purchased your property within the last 2-3 months, please provide a copy of your Closing Disclosure, HUD statement, or warranty deed as proof of ownership.

PROPERTY & REPLACEMENT TOILET INFORMATION – Home must be built PRIOR to January 1, 1993. Rebate is issued for a lifetime maximum of three (3) toilets per property.

Year Home was Built _____ # of Bathrooms in Home _____ # of Toilets Being Replaced _____

Model names and numbers must match eligible model list exactly, please see guidelines for details. Up to \$50.00 Rebate per 1.6 gallon per flush toilet or Up to \$100.00 Rebate per 1.28 gallon per flush toilet.

	Toilet Model #	Tank Model # (If Applicable)	Bowl Model # (If Applicable)	GPF - Gallons Per Flush	Price Per Toilet	Office Use Only (Check if Approved)
New Toilet #1						
New Toilet #2						
New Toilet #3						

Purchased From _____ Date of Purchase _____

Plumber/Installer _____ Installation Date _____

REBATE AGREEMENT – Please read, sign, & date below.

By submittal hereof, customer acknowledges that the rebate is a one-time rebate **per property**, not per owner and that the property/owner is in good financial standing with the water/sewer utility. Customer also understands that taxes and installation fees are not included in the rebate amount. Customer is responsible for the proper disposal of any replaced toilets so they cannot be reused. **If application is approved the rebate check should arrive within sixty (60) days. The rebate check will be mailed and made payable to the property owner.** This program is subject to on-site verification of the purchase and installation of the product. Some limitations may apply. DeKalb County reserves the right to modify this program at any time.

I certify under penalty of perjury that I have read, understand, and will comply with all the requirements of the toilet retrofit rebate program and that the information on this application form is true and accurate.

Applicant's signature _____ Date _____

**Application & ORIGINAL SALES
RECEIPT(S) must arrive in the office
within 60 days of purchase.**

Please mail **APPLICATION** and **ORIGINAL SALES RECEIPT(S)** to:
Department of Watershed Management
ATTN: Toilet Retrofit Rebate Program
1580 Roadhaven Drive
Stone Mountain, GA 30083

DeKalb County Use Only:

08002-57-3070-511

Date Entered _____ Total Rebate Amount _____ Verified By _____

Request ID # _____ Comments _____

REV: 2/2018