



# Polk Regional Water Cooperative

PRWCwater.org

## Indoor Water Conservation Programs: WaterSense® Toilet + Installation Voucher Program



**Contact:**

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## WaterSense® Toilet + Installation Payment Voucher

### **For Official Use Only**

Reservation Number: \_\_\_\_\_ Issued By: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Voucher Amount: up to \$ \_\_\_\_\_ .00

**Customer:** Payable To: \_\_\_\_\_

(Licensed Plumbing Company Name)

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

*I acknowledge that a WaterSense® toilet(s) has (have) been installed at the address stated above.*

### **Contractor:**

**Steps to Receive Reimbursement: Be sure to include customer reservation number above on all correspondence.**

1. Contact the utility above to confirm voucher reservation.
2. Complete this form and submit it to the utility using the contact information above.
3. After installation, submit the following **required documents** by mail, email or fax to the contact above.
  - a. Pictures of the old and new toilet(s) in place.
  - b. Invoice on company letterhead
  - c. Completed W9 tax form
4. Once the installation is complete, make arrangements for disposal of the toilet(s), or phone the utility above for disposal arrangements. You will receive reimbursement within approximately 30 Days.
5. *Incomplete submissions will be denied and returned.*

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

*I have successfully installed WaterSense® toilets at the address stated above.*

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Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Total cost \$ \_\_\_\_\_ Customer cost \$ \_\_\_\_\_ Utility cost \$ \_\_\_\_\_ District cost \$ \_\_\_\_\_

Date to Accounting: \_\_\_\_\_ Amount of Rebate: \$ \_\_\_\_\_

ACCOUNTING: Date Rebate Check sent: \_\_\_\_\_ By \_\_\_\_\_

Check No. \_\_\_\_\_