

Polk Regional Water Cooperative



Indoor Water Conservation Programs: WaterSense® Toilet Voucher Program

Mail: City of Haines City
426 Claude Holmes Sr. Ave.
Haines City, FL 33844

Contact: Mary Hayes
Email: MHayes@hainescity.com
Phone: 863-421-3695

Date _____

Toilets with Installation Voucher: Receive a voucher to pay for the installation of a 1.28 gallon per flush toilet. Customers with residences located within boundaries shown below will qualify. Up to two toilets per home qualify.

Program Qualifications:

- ___ Active water utility customer of City of Haines City
- ___ Old toilet(s) is 3.5 gallons/flush or greater (if home was built before 1994, and no new toilets have been installed since 1995, then toilets are considered to be 3.5 gallons/flush or greater and will qualify)
- ___ Old toilet(s) will NOT be re-installed at any location, and will be rendered unusable or disposed of
- ___ New toilet(s) is 1.28 gallons/flush and is a WaterSense® labeled toilet(s)
- ___ Residence is located within qualifying area

Steps to Apply:

1. Verify your residence is located within the boundaries shown in the map below.
2. Complete this form and submit it to your utility using the contact information above
3. If you qualify for the program, a reservation number and \$400 rebate voucher for you to provide to your plumber will be issued. Please keep a copy of your voucher for yourself. Any costs in excess of \$400 are the responsibility of the customer.
4. Contact a licensed plumbing contractor that is registered to do business within Haines City. A list of licensed plumbing contractors within your area willing to accept the vouchers will be provided with the voucher.
5. Vouchers are valid for 30 days from the date of issuance. Please provide contractor your voucher before work begins and coordinate with your contractor to ensure the work is completed within the 30 day period.
6. Have contractor prepare the voucher for your review, approval and signature. Vouchers will not be honored unless signed by the customer upon completion of work.
7. Contact City of Haines City at 863-421-3695 for disposal of old toilet(s).
8. After installation, the Contractor will submit the following **required documents** by mail, email or fax to the contact above.
Be sure to include the reservation number.
 - A. Pictures of the old and new toilet(s) in place.
 - B. Your purchase receipt
 - C. Plumber/Contractor information (Name, address, phone number, and a license), if applicable.
9. Toilet(s) rebates of up to \$400.00 per toilet installed (maximum of 2 toilets per family), not to exceed the total price of toilet(s), required components and installation.

Account Information: Please print clearly

Utility _____
Utility Billing Account Number _____

Applicant Information: Please print clearly

Last Name _____ First _____ M.I. _____
Street Address _____ Apartment # _____ City _____
State _____ Zip _____ Phone _____ E-Mail _____
Mailing Address (if different from above) _____

Relationship to property (owner, tenant, etc.) _____

Building Information: Please select

Single Family: HOA? Yes / No
 Multi-Family/Apt (# of Units _____)
 Other (Explain): _____

Property Information:

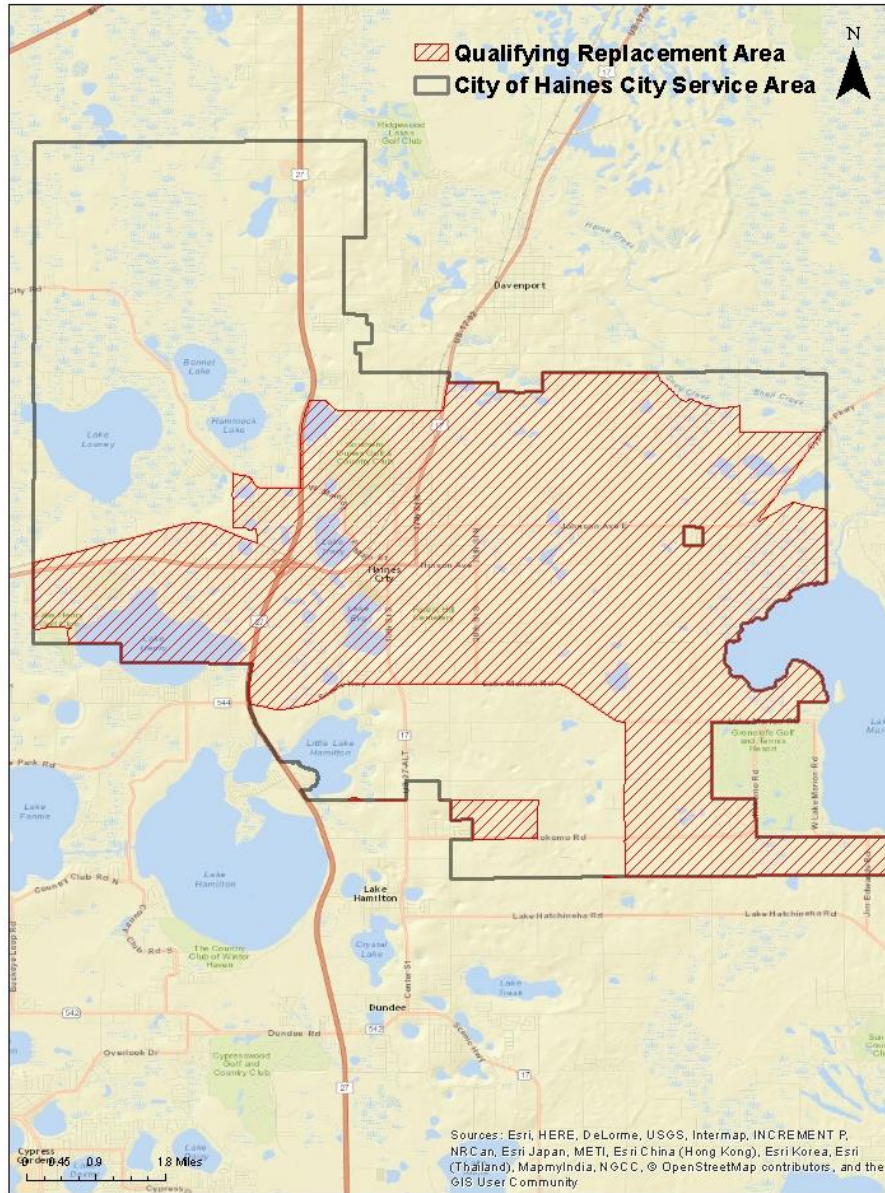
Old toilet Gallons Per Flush (if known)
 3.5 gpf 5 gpf 7 gpf unknown

Was the home built before 1995? (Year built can be found on Polk County Property Appraiser Website www.Polkpa.org)
 yes no _____ Year Built (please specify)

Have any of the toilets being replaced been installed since 1994?
 yes no unknown

Does your home fall within the boundaries shown on the following map?
 yes no

WaterSense Toilet Voucher Program Qualifying Areas



Agreement of Term and Conditions

The City of Haines City may deny any application that does not meet program requirements. The undersigned expressly agrees that the City may inspect all items submitted for the Toilet Voucher Rebate Program. The undersigned further agrees to hold harmless the City of Haines City against all loss, damage, expense, and liability resulting from the loss, destruction of damage to property arising out of or in any way connected with the installation of the Toilet through the Voucher Rebate Program. The City reserves the right to alter this program at any time. Funding for the rebate program is limited to available resources. Rebates are processed on a first come, first served basis. For further questions, please call (863) 421-3695.

I have read, understand, and agree to the terms and conditions of this rebate program.

Signature of Applicant _____ Date _____

Complete, sign, and date this page. Incomplete applications will be denied and returned

For Official Use Only

Tracking # _____

Application: ___ Approved ___ Denied

Reviewed by _____

Reason for Denial: _____

Date of Follow-up Inspection _____ Approved ___ Denied ___

Date of installation _____

Total cost \$ _____ **Customer cost** \$ _____ **Utility cost** \$ _____ **District cost** \$ _____

Date to Accounting: _____ **Amount of Rebate:** \$ _____

ACCOUNTING: Date Rebate Check sent: _____ By _____ Check No. _____