



Paulding County Residential Toilet Rebate Program Application



Customer Information (Please fill out form completely)

Date: _____ Account number: _____

Name (Must match the name on the account): _____

Installation Address: _____ City _____ State _____ Zip Code _____

Contact Phone #: _____ Email address: _____

Household Information (Eligible homes must be built prior to 1993)

Year House was built: _____ Number of toilets in household _____

Gallons per flush of Toilet Replaced: _____ Gallons per flush of new Toilet _____

Make/Model: _____ Date of Purchase: _____ Installation Date: _____

How did you hear about the program? _____

By submittal of this application, customer acknowledges that the rebate is limited to a one time only \$50.00 rebate per household. Toilet must be for a WaterSense labeled Ultra High Efficiency Toilet and using 1.1 gallons or less per flush. Customer must be in good financial standing and current on their water bill to receive the rebate. The completed application must be accompanied by an original receipt or online sales receipt identifying the product purchased and showing the payment being applied (or confirmation of payment) and must be postmarked within (60) days of purchase to:

Paulding County Water System
Attn: Toilet Rebate Program
3844 Atlanta Hwy
Hiram, GA 30141

I have read and understood the toilet rebate program requirements and that the information on this application is true and accurate. Failure on my part to provide true and correct information may subject me to penalties. I understand that I am responsible for the disposal of any replaced toilets so they cannot be reused. Please allow four to six weeks for processing. The rebate check will be mailed and made payable to the water account holder. If funding is not available, application will be held on file; when funding becomes available, applications will be processed in the order they are received.

Signature: _____ Date: _____

Paulding County Water System Use Only:

Date Received _____ Application #: _____ Date Processed: _____

Approved _____ Denied _____

Comments: _____
