

**Town of Friday Harbor**

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

**Application for Low Flush Toilet Rebate**

To qualify for the Town of Friday Harbor low flush toilet rebate, the applicant must meet all criteria, and RENTERS MUST HAVE LANDLORD FILL OUT NUMBER 4. Please provide documentation as directed below. \$75.00 per toilet, excluding urinals.

Applicant Name:	Application Date:
Applicant Mailing Address (check will be mailed here):	Applicant Telephone No.:
Toilet Installation Address (if different from above):	Town Utility Acct. No.:
Owner Name (if different from Applicant):	Owner Telephone (if different from Applicant):
<b>1.) Verification of toilet(s) being replaced:</b> Please provide the following information for toilets being replaced. If replacing more than one, please include the gallon information for each old toilet if different.  Number of toilets being replaced _____  Circle the Gallons per flush used by old toilet(s): 7 gallons / 5 gallons / 3.5 gallons	
<b>2.) Verification of new toilet(s) eligibility:</b> Please provide the following information for toilets being replaced and a receipt that includes the date of purchase, brand, model, and number of toilets.  Toilet Brand _____ Toilet Model _____	
<b>3.) Verification of installation:</b> Please provide the following information for installation and installation invoice/receipt required if installed by a plumber.  Date of Installation _____  Installed by: Plumber / Owner / Tenant / Other: _____	
<b>4.) Owner Statement:</b> (Completed by OWNER if you are a TENANT.) I hereby give my permission that existing toilet(s) be replaced with approved 1.6 gallon Ultra Low Flush Toilet (ULFT) model(s).  _____ Name (Print) Signature Date	
<b>5.) Applicant Affidavit of Installation:</b> I hereby certify that I replaced existing toilet(s) with federally approved 1.6 gallon Ultra Low Flush Toilet (ULFT) model(s).  _____ Name (Print) Signature Date	
<input type="checkbox"/> Approved: Application meets the criteria of the program. <input type="checkbox"/> Denied: Application does not meet the criteria of the program.  _____ Finance Director Date	# of Toilets _____ x \$75.00 Rebate Amount: _____ Warrant Number: _____