

RETURN ALL COPIES TO:
CITY OF BURLINGAME
WATER BUSINESS OFFICE
501 PRIMROSE ROAD
BURLINGAME, CA. 94010
(650) 558-7210

TOILET REBATE APPLICATION REQUEST FORM ONE PER HOUSEHOLD

APPLICANT'S NAME _____ UTILITY BILL ACCOUNT # _____

INSTALLATION ADDRESS _____ BURLINGAME, CA 94010

COMPLETE MAILING ADDRESS OF APPLICANT _____

CONTACT PERSON _____ TELEPHONE # _____

ORIGINAL TOILET PURCHASE RECEIPT MUST BE ATTACHED

ORIGINAL INSTALLATION RECEIPT ALSO REQUIRED IF PROFESSIONALLY INSTALLED

ORIGINALS CAN NOT BE RETURNED

DATE OF PURCHASE _____ DATE OF INSTALLATION _____

MAKE AND MODEL OF TOILET _____

GALLONS PER FLUSH _____ INSTALLED BY _____

PROPERTY TYPE: SINGLE FAMILY _____ MULTIPLE FAMILY _____

HOW DID YOU LEARN ABOUT THE REBATE PROGRAM? _____

CUSTOMER CONSENTS TO POST-INSTALLATION VERIFICATION INSPECTION ____ YES ____ NO

CUSTOMER AGREES TO PROVIDE PERTINENT INFO FOR REBATE PROGRAM EVALUATION _____

SIGNATURE _____

=====

FOR OFFICIAL USE ONLY

DATE _____

ACCOUNT #526-69020-290

COPY OF RECEIPT ATTACHED _____

PREPARED BY _____

TOTAL ALLOWABLE REBATE **\$50**

AUTHORIZED BY _____

VERIFIED BY _____

DATE _____

REBATE APPLIED _____

LETTER SENT _____

COMMENTS _____