

4.8 TOILET REBATE APPLICATION

TERMS AND CONDITIONS

In consideration of receiving the rebate under this Stratford 4.8 Toilet Rebate, the undersigned Applicant acknowledges and agrees:

1. that the Town of Stratford is not responsible for the selection, installation or operation of the toilets; the Town does not endorse specific brands, products or sealers, nor does it guarantee materials, workmanship, performance or durability of the qualifying items;
2. that the toilet must be a new, water efficient model (4.8L or dual flush) and must be installed in a residence or business within the Town of Stratford;
3. that the Applicant shall provide the Town of Stratford with reasonable access to the toilet so the Town may inspect the eligible property in order to verify the installation of the water efficient toilet and eligibility of the same;
4. that the Town of Stratford does not guarantee or warrant the toilet or its installation, performance, freedom from defects, quality of workmanship or suitability of the toilet or any installation thereof for any purpose, or the suitability of the premises for installation. Further, the Applicant acknowledges and agrees to assume any and all costs of the installation or any alterations necessary for the proper installation of the toilet;
5. to indemnify, save and hold harmless the Town of Stratford against all liability, loss, costs damages and expenses, causes of action, actions, claims, demands, lawsuits and other proceedings, by whomever made, sustained, brought or prosecuted, including by third parties, involving injury, death, personal injury and property damage, in any way based upon, occasioned by or attributable to the Applicant's participation in this program, including any negligence on the part of the Town of Stratford, or its agents;
6. to refund such rebate to the Town of Stratford on request, if this application contains any material misstatement or misinterpretation on such Applicant's behalf, or if the Applicant breaches any of these terms or conditions; and
7. that the Town of Stratford reserves the right to change or cancel the program at any time.

I DELCARE I AM A RESIDENTIAL/BUSINESS OWNER IN THE TOWN OF STRATFORD, AND HAVE INSTALLED AN ULTRA LOW-FLOW TOILET THAT MEETS THE CRITERIA OF THE TOWN OF STRATFORD'S TOILET REBATE PROGRAM. BY SIGNING THIS FORM, I ACKNOWLEDGE ACCEPTANCE OF ALL THE TERMS AND CONDITIONS OF THIS PROGRAM, AND UNDERSTAND THE TOWN OF STRATFORD IS NOT RESPONSIBLE FOR THE INSTALLATION OR FUNCTION OF THE TOILET. I MAY ALSO BE SUBJECT TO AN IN-HOME INSPECTION BY A DESIGNATED EMPLOYEE TO CONFIRM THE INSTALLATION OF THE ABOVE LISTED ULTRA LOW-FLOW TOILET(S).

SIGNATURE: _____ DATE: _____

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APPLICANT INFORMATION

NAME: _____ STREET ADDRESS: _____
PHONE: _____ CELL: _____
EMAIL: _____ UTILITY ACCOUNT #: _____

I CONFIRM THAT A TOWN OF STRATFORD WATER METER IS INSTALLED AT THIS PROPERTY: YES NO

BUILDING TYPE: HOUSE CONDO TOWNHOUSE BUSINESS APARTMENT
(please circle)

TOILET #1 INFORMATION

TOILET MANUFACTURER/BRAND: _____ TOILET NAME/DESCRIPTION: _____
TOILET MODEL: _____ STORE PURCHASED FROM: _____
TOILET INSTALLED BY: SELF PLUMBER
LITRES/FLUSH: _____ DUAL FLUSH (YES/NO): _____
PURCHASE DATE (PLEASE ATTACHED COPY OF RECEIPT): _____ PURCHASE PRICE (\$): _____

TOILET #2 INFORMATION (OPTIONAL)

PLEASE CHECK IF TOILET INFORMATION IS SAME AS ABOVE

TOILET MANUFACTURER/BRAND: _____ TOILET NAME/DESCRIPTION: _____
TOILET MODEL: _____ STORE PURCHASED FROM: _____
TOILET INSTALLED BY: SELF PLUMBER
LITRES/FLUSH: _____ DUAL FLUSH (YES/NO): _____
PURCHASE DATE (PLEASE ATTACHED COPY OF RECEIPT): _____ PURCHASE PRICE (\$): _____

CUSTOMER CHECKLIST

APPLICATION MUST INCLUDE:

- SIGNED AND COMPLETED APPLICATION FORM
- COPY OF SALES RECEIPT
- COPY OF DISPOSAL RECEIPT FROM GREEN ISLE
- PROOF OF RESIDENCY OR BUSINESS

HOW DID YOU HEAR ABOUT THE REBATE PROGRAM?

PLEASE NOTE: THERE WILL BE AN APPROXIMATE 2-WEEK PROCESSING TIME FOR APPROVED REBATES PRIOR TO MAILOUT OF REBATE CHECK.

FOR OFFICE USE ONLY

INSPECTION (YES/NO): _____ SALES RECEIPT(S) ATTACHED (YES/NO): _____
DISPOSAL RECEIPT ATTACHED (YES/NO): _____
REBATE APPROVED (YES/NO): _____ IF NO, REASON: _____
REBATE APPROVAL/REFUSAL SIGNATURE: _____ DATE: _____