



TOILET REBATE PROGRAM APPLICATION

Account Name: _____ Account Number: _____

Parcel I.D Number: _____ Email Address: _____

Street Address: _____ City: _____

_____ State: _____ Zipcode: _____

Subdivision/Mobile Home Park/Condo
Name: (if applicable) _____

Phone: _____ Alternate Phone: _____

Year Home was Built: _____ Number of People in House: _____
(must be before 1995 for eligibility)

Number of Toilets Being
replaced for rebate: _____ Old GPF: _____ New GPF: _____
(3.5 gallons per flush) (1.6 gallons per flush)

Please include the documents below in order to qualify

- ☐ Notarized letter (Applicable to tenants only)
- ☐ Copy of Receipt (must be between June 1, 2024 and March 30, 2025)
- ☐ Photo of WaterSense-labeled logo from box
- ☐ Photo of old toilet
- ☐ Photo of new toilet (after installation)

Terms and Agreement

I understand that the rebate amount (\$100 per toilet, up to 2 toilets) will be credited to my Seminole County Water bill, and I will NOT be receiving a check for participating in this program.

Signature: _____ Date: _____