



COMMERCIAL & MULTI-FAMILY CUSTOMERS HIGH-EFFICIENCY URINAL REBATE PROGRAM

City of Fresno commercial and multi-family water customers may be eligible for rebates when replacing old urinals. All products must have the WaterSense label.



\$100 rebate for new, qualifying High Efficiency Urinals (HEU) of .5 gallons per flush or less.

Efficiency measures such as replacing water-guzzling **Urinals** with the latest in low-flush technology helps ensure our community's future water supply is adequate, maintains low water rates and, most importantly, helps reduce your business' operational overhead. For a qualifying list of **Urinals** please visit: www.epa.gov/watersense/products/urinals.html or call 621-5480.

How the Program Works

1. Obtain an application using one of the following methods:
 - Telephone: (559) 621-5480
 - Email: waterconservation@fresno.gov
 - Web site: www.fresno.gov/water
 - FAX: (559) 498-4228
 - Drop by our office:
City of Fresno Water Division - Water Conservation Program
1910 East University, Fresno, CA 93703
2. Send completed application and copy of sales receipt to the Water Division, as stated above.
3. A representative will contact you to schedule a brief appointment to verify your old **Urinal(s)** flush capacity. Do not dispose of old **Urinals** prior to appointment.

Program Rebate Guidelines and Conditions

Who Qualifies?

- Commercial, Industrial, Institutional, multi-family utility customers who pay a water bill to the City of Fresno.
- Renters or tenants must provide written approval from the property owner or property manager.

Timelines

- Program applies to commercial HEUs purchased after 7/1/11.
- After installation of HEUs, applicants will be notified if the City requires a final inspection.



Urinals (qualifying for rebate)

- New **Urinals** must be rated as follows:
 - HEUs must be rated .5 gpf *or less* and must bear the **WaterSense** label.
 - Dual-flush **Urinals** may qualify.
- Only old **Urinals** greater than 1.0 GPF or more qualify for rebate 1.0 GPF new or old **Urinals** do not qualify.

Commercial HEUs must be installed within Fresno City service areas at the location listed on the application.

Rebates

- An on-site compliance verification at the address shown on the City of Fresno utility bill is required.
- Installation costs, new construction, accessories and taxes are not rebated.
- Rebate checks will be mailed 6-8 weeks after completing the rebate process.
- Rebate amount cannot exceed the purchase price of the new **Urinals**.
- Rebates are limited to five per Commercial utility billing account.

Application and Rebate Approval or Denial

- On-site compliance verification is required.
- Copy of the original itemized dated sales receipt for the new **Urinal** is required.
- Incomplete, incorrect or unsigned applications cannot be processed and will be returned to the applicant.
- Customers must fulfill all program guidelines to be eligible for rebates.

Other Considerations

- The Rebate Program is not responsible for materials lost by mail.
- Submission or possession of a rebate application does not guarantee receiving a rebate.
- Rebates are processed on a first come, first served basis.
- Funding for this rebate program is limited to available resources.
- Rebate amounts are subject to change without notification.
- This program shall at all times be subject to change or termination without prior notice.

Old Urinal Disposal: City of Fresno, Solid Waste Division: 621-1452; Community Sanitation - Annual Operation Clean-up: 621-1447; Recycling Centers (Check telephone directory). **More about Toilets and Urinals:** www.terrylove.com/crtoilet.htm; <http://www.h2ouse.org/>



Mail To: City of Fresno, Water Division
 HET Rebate Program
 1910 East University, Fresno, CA 93703
 Phone: (559) 621-5480 - Fax: (559) 498-4228
 E-mail: waterconservation@fresno.gov
 Web site: www.fresnowater.org

Water Division

COMMERCIAL & MULTI-FAMILY High Efficiency URINAL Rebate Program

Date: _____

NEW Urinals	This section must be complete before continuing the application
Gallons Per Flush (GPF) used by each NEW Urinal and Manufacturer (MFG). Ask retailer if unsure. Urinals must have WaterSense label.	
GPF _____ MFG _____ GPF _____ MFG _____ GPF _____ MFG _____ GPF _____ MFG _____ GPF _____ MFG _____	

OLD Urinals	If unknown, please leave blank. Inspector will verify during appointment. Only old Urinals using greater than 1.0 GPF qualify for replacement. 1.0 GPF new or old Urinals <u>do not</u> qualify.
If legible, Manufacture Year and GPF is usually found Urinal on the top middle front side of unit.	
Year _____ GPF _____ Year _____ GPF _____ Year _____ GPF _____ Year _____ GPF _____ Year _____ GPF _____	

Inspection Required	Please do not dispose of old Urinals prior to City's inspection. A brief visual inspection of old Urinals by the City is required to qualify for rebate. After approval of completed application, an appointment will be scheduled.
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Account Information	Please print clearly. Fresno City Utility Billing Account # _____ Renters or Tenants: Participation requires written approval from property owner. (Attach to Application.)
Account Name _____ Utility Bill Account# _____	
Account Address _____ Zip _____	
Telephone (Day) _____ (other) _____ E-Mail _____	
Property Owner (if different from above) _____	
Mailing Address _____ Zip _____	
Telephone (Day) _____ (Evening) _____ E-Mail _____	
NOTE: Separate applications required for each Account.	

Building Information <i>(Installation Address)</i>	Building type (select one): ___ Commercial ___ Industrial ___ Institutional ___ APTS _____ Bldg or business name (if applicable) Selected Unit (s)# (if applicable) _____ Number of People in selected unit ___ Number of Units at entire site _____ Number of existing Urinals in selected unit _____
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Additional Information

NOTE: A brief pre-installation inspection of old **Urinals** is required to qualify for the rebate. You will be contacted to schedule after the completed application has been received, reviewed and approved.

How did you learn about this rebate? ___ Web site ___ Retailer ___ Acquaintance ___ Newspaper ___ TV/radio

Would you have purchased the new toilet at this time if the City of Fresno did not offer a rebate? Yes ___ No ___

Rebate Information NOTE : New Urinals MUST be EPA approved 'Water Sense' Models

Number of **Urinals** rebates requested _____

- Rebate value up to \$100 per **Urinals** not to exceed the actual cost of
- Rebates are available for replacing **Urinals** using greater than 1.0 GPF.
- Completed Application must be approved prior to **Urinals** replacement.
- An original or copy of the sales receipt must be attached to the application prior to rebate approval.
- Maximum of 5 commercial or multi-family **Urinals** rebates.
- HEU purchase must be within 30 calendar days of the City's pre-installation inspection approval.
- Compliance with attached Guidelines & Conditions is required.
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Agreement of Terms and Conditions

City of Fresno may deny any application that does not meet program requirements, which can be obtained by calling (559) 621-5480. The undersigned expressly agrees that the City may inspect all properties participating in the High Efficiency Commercial **Urinal** Rebate Program; that the City does not guarantee the performance of any **Urinal**; and that the City does not warrant any **Urinal** or installation to be free of defects, the quality of the workmanship or the suitability of the premises or the **Urinal** for installation. The undersigned further agrees to hold harmless the City of Fresno against all loss, damage, expense and liability resulting from the loss, destruction or damage to property arising out of or in any way connected with installation of a **Urinal**. The City reserves the right to alter this program at any time. Funding for this rebate program is limited to available resources. Rebates are processed on a first come, first served basis.

I have read, understand, and agree to the terms and conditions of this rebate program.

Applicant Signature _____ Date _____

For Official Use only: Inspection Date _____ Tracking # _____ Inspector _____ Application: Approved by _____

Number of **Urinals** approved for replacement _____

Denied _____ Reason for Denial _____

New Commercial or Multi-family **Urinals** information: Install Date _____ Installed by ? ___ owner ___ plumber ___ other

Manufacturer	Urinals	Name or Model #	Gallons/ Flush	Purchase Date	Purchased From	\$ Price
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____

_____ **Urinals** Rebate(s) = \$

Date to Accounting _____

ACCOUNTING: **Urinals** rebate check sent: Date _____ by _____ Voucher # _____