



# Commercial & Multi-Family Toilet Rebate Program

## PLUMBER / CONTRACTOR VERIFICATION FORM

Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Old Toilet Information:

Toilet 1: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 2: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 3: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 4: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 5: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 6: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 7: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 8: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 9: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Toilet 10: GPF \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

New Toilet Information:

Toilet 1: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 2: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 3: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 4: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 5: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 6: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 7: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 8: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 9: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

Toilet 10: GPF \_\_\_\_\_ Manufacturer \_\_\_\_\_

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I certify that the above information is true and correct, and that the requirements of the City of Fresno Water Conservation Program's Residential Toilet Rebate have been met.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

### REBATE REQUIREMENTS

New toilets must be rated at 1.28 gallons per flush *or less* and must bear the *WaterSense* label. New dual-flush toilets may qualify but must bear the *WaterSense* label. Old toilets being replaced must exceed 1.6 gallons per flush and must be manufactured before 1992.