



## City of Camrose Toilet Rebate Program 2020 Application Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Installation Address (City of Camrose Only)

\_\_\_\_\_ / \_\_\_\_\_ Camrose \_\_\_\_\_ / \_\_\_\_\_ Alberta \_\_\_\_\_ / \_\_\_\_\_  
 Address City Province Postal Code

Mailing Address (if different from above)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address City Province Postal Code

Owner:

Tenant:

Water Account Number: \_\_\_\_\_

(Please Check One)

New Toilet : Brand Name	New Toilet : Model Name/Number	Quantity <i>*Number of toilets with same make &amp; model</i>	Old Toilet: Flush Volume (liters/flush)	New Toilet : Cost (\$/Toilet) <i>*Before GST</i>
1				
2				
3				
4				
5				

Notes:

DATE  
RECEIVED

Please sign and date the reverse side.



## City of Camrose Toilet Rebate Program 2020 Application Form

The information contained on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and shall only be used for the purposes for which it was collected.

Applicants are responsible for ensuring that they qualify for the Toilet Rebate Program according to the below criteria:

- You must have a water account with the City of Camrose.
- The installation must take place within Camrose City Limits.

Conditions for payment

1. **Old toilet(s) must be greater than 13 liters per flush.**
2. **Applicant must provide the original sales receipt (will be returned with the rebate) dated after September 28, 2019 for the new toilet(s) which use(s) 6 liters or less per flush and appear(s) on the Approved Toilets List.**
3. **Applicant must provide a photograph(s) of the old toilet(s) installed in the washroom(s) before replacement.**
4. **Applicant must provide a photograph(s) of the new toilet(s) in the washroom(s) after installment.**
5. **Applicant must provide evidence that the old toilet(s) have been made non-functional.**

This program will accept applications from **June 1, 2020** at 8:00 am to **September 30, 2020** at 4:30 pm. All other required documents must also be submitted by October 31, 2020 as outlined on "The Check List". The City of Camrose has the right to refuse applications at any time due to funding or applicants not complying with the conditions.

**The rebate will consist of \$70.00 for the first toilet replacement and 25% of the cost of any additional replacements up to \$50.00/toilet.**

The applicant assumes financial and all other responsibility for:

1. Selecting the installers, if so required.
2. The installation of the eligible toilet.
3. Any preparatory plumbing work or any plumbing repair work that is required for the proper installation of the eligible toilet.
4. The legal recycling or disposal of the old toilet.

The City of Camrose shall be entitled to use any information, photographs and other data concerning a selected building in any report and/or promotional materials produced by or for the City of Camrose.

The Toilet Rebate program will be administered by the Engineering department of the City of Camrose.

The City makes no representation or warranty, expressed or implied, relating to any six-liter toilets or the availability, competence, workmanship or financial status of any installer. By submitting an Application, each Applicant will be taken to have fully released to the City of Camrose with respect to any claims for cost/liability in connection with:

1. Preparation or replacement of the existing toilet and,
2. Purchase, installation and/or use of the replacement toilet, for the purpose of participating in the program. Including, without restriction, all costs and all liability for any and all loss of damage, whether direct, special, consequential, indirect or of other nature, this offer is subject to cancellation without notice as the program is limited to available funds.

More information available at [www.camrose.ca/toiletrebate](http://www.camrose.ca/toiletrebate)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If tenant is applying, applicant must also obtain the signature of owner.*

**For Office Use Only: Applicants Do Not Need To Fill This Section Out**

Total Rebate Amount: \$ \_\_\_\_\_ Approval Signature: \_\_\_\_\_