



WATERSENSE LABELED BATHROOM FAUCET REPLACEMENT APPLICATION

APPLICANT INFORMATION

Name:		
Utility Acct. No.:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle one)</i>	No. of Bathroom Faucets:	No. of Residents:

PROPERTY OWNER INFORMATION (IF DIFFERENT)

Property Owner:		
Owner address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

WATERSENSE LABELED BATHROOM FAUCET INSTALLATION INFORMATION

Quantity	Manufacturer/Make	Model Name/No.	Purchase Location (City, State, Store)	Purchase Date

Where did you learn about our Bill Credit "Rebate" program?	
Self or Contractor / Plumber <i>(please circle one)</i>	Install Date:

CHECKLIST

Is the WaterSense labeled High Efficiency Bathroom Faucet Did you purchase on the WaterSense labeled Approved list? https://www3.epa.gov/watersense/
Have you completed and signed the Terms and Condition, and the WaterSense labeled High Efficiency Bathroom Faucet Application?
Did you enclose a copy of the original sales receipt for your WaterSense labeled bathroom faucet(s)

SIGNATURES

By signing below, you indicate that you have read and complied with the requirements of the High Efficiency Toilet Bill Credit Program and the Utility Water Conservation Plan.

Signature of applicant:	Date:
Property Owner Signature:	Date:

FOR UTILITY USE ONLY

Eligible Incentive	Amount	Approval Date	Application Approved By
First Bathroom Faucet: Yes / No			
Second Bathroom Faucet. Yes / No			
Total			