



AUSTELL PUBLIC WORKS
5000 Austell-Powder Springs Road • Suite 133
Austell, Georgia 30106-2427
Office: (770) 944-4325 • Fax: (678) 264-1522



TOILET RETROFIT REBATE PROGRAM

By submittal hereof, customer acknowledges that the rebate shall be paid by a one-time credit applied to customers' City of Austell water bill. Customer also acknowledges that the credit(s) shall be determined as follows: \$100.00 for WaterSense (1.1 gallons per flush) labeled High Efficiency toilets or \$50 for toilets high-efficiency (1.28 gallons per flush). Customer further acknowledges that the rebate program is subject to available funds and may be cancelled at any time without notice. Credit is available only for qualifying toilets as determined by Austell Public Works.

YOUR WATER ACCOUNT MUST BE CURRENT AND NO PAST DUE BALANCES SHOWN ON YOUR ACCOUNT IN ORDER FOR CREDIT TO BE PROCESSED.

DATE	CITY OF AUSTELL WATER ACCOUNT NUMBER
CUSTOMER NAME	
INSTALLATION ADDRESS	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

HOUSEHOLD INFORMATION (House must be built prior to 1993 to qualify)

YEAR HOME BUILT	NUMBER OF PEOPLE LIVING IN HOME	NUMBER OF FIXTURES REPLACED	
NUMBER OF BATHROOMS IN HOME	GALLON SIZE OF CURRENT TOILETS (MAXIMUM OF 3)		
	TOILET 1	TOILET 2	TOILET 3

REPLACEMENT TOILET

	PURCHASE DATE	INSTALLATION DATE	INSTALLED BY	MAKE / MODEL	PRICE
1					\$
2					\$
3					\$

I have read and understand the toilet credit policy as stated above. I understand to receive this credit I must install a certifying toilet and dispose of my current toilet so that it may not be reused. I also understand a site visit may be conducted to verify toilet replacement. **The original receipt must be attached to this application for approval.** I certify by signing below that I will comply with all of the requirements of the rebate program, that this application is true and correct, and that any failure on my part to provide true and correct information may subject me to criminal penalties under O.C.G.A. § 16-10-20 up to including a fine of \$1,000.00 and imprisonment for five (5) years.

APPLICANT SIGNATURE	DATE
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OFFICE USE ONLY

APPLICATION NUMBER	DATE APPLICATION RECEIVED	STATUS: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	CREDIT AMOUNT	DATE APPLIED
COMMENTS			APPROVED OR DENIED BY	

Adopted: Monday, November 5, 2007

Revised: Friday, October 1, 2010; Thursday, August 1, 2013; Monday, January 4, 2021