

TOWN OF CORNWALL WATER & SEWER UTILITY CORPORATION

P.O. BOX 430, CORNWALL, PEI C0A 1H0
PHONE: (902) 566-2354 FAX: (902) 566-5228



TOILET REBATE APPLICATION

APPLICANT INFORMATION

NAME: _____ STREET ADDRESS: _____
PHONE: _____ CELL: _____
EMAIL: _____ UTILITY ACCOUNT#: _____
BUILDING (PLEASE CIRCLE APPROPRIATE STRUCTURE): HOUSE SEMI-DETACHED DUPLEX

TOILET 1 INFORMATION

MANUFACTURER/BRAND: _____ NAME/DESCRIPTION: _____
MODEL: _____ STORE PURCHASED: _____
TOILINSTALLED BY (CHECK ONE): SELF PLUMBER NAME: _____
LITERS/FLUSH: _____ DUAL FLUSH (YES/NO): _____
PURCHASE DATE (PLEASE ATTACH COPY OF RECEIPT): _____ PURCHASE PRICE: \$ _____

TOILET 2 INFORMATION (OPTIONAL)

PLEASE CHECK IF TOILET INFORMATION IS SAME AS ABOVE _____
MANUFACTURER/BRAND: _____ NAME/DESCRIPTION: _____
MODEL: _____ STORE PURCHASED: _____
TOILINSTALLED BY (CHECK ONE): SELF PLUMBER NAME: _____
LITERS/FLUSH: _____ DUAL FLUSH (YES/NO): _____
PURCHASE DATE (PLEASE ATTACH COPY OF RECEIPT): _____ PURCHASE PRICE: \$ _____

CUSTOMER CHECKLIST

APPLICATION MUST INCLUDE:

- SIGNED AND COMPLETED APPLICATION FORM
- COPY OF SALES RECEIPT
- COPY OF DISPOSAL RECIEPT FROM GREEN ISLE
- PROOF OF RESIDENCY OR BUSINESS

HOW DID YOU HEAR ABOUT THE REBATE PROGRAM?

PLEASE NOTE: THERE WILL BE AN APPROXIAMTE 2-WEEK PROCESSING TIME FOR APPROVED REABTES PRIOR TO MAILOUT OR REBATE CHECK.

FOR OFFICE USE ONLY

INSPECTION (YES/NO): _____ SALE RECEIPT(S) ATTACEHD (YES/NO): _____
DISPOSAL RECIPET ATTACHED (YES/NO): _____
REBATE APPROVED (YES/NO): _____ IF NO, REASON: _____
REBATE APPROVAL/REFUSAL SIGNATURE: _____ DATE: _____

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TOILET REBATE APPLICATION

TERMS AND CONDITIONS

In consideration of receiving the rebate under this Town of Cornwall Toilet Rebate, the undersign Applicant acknowledges and agrees:

1. that the Town of Cornwall is not responsible for the selection, installation or operation of the toilets: the town does not endorse specific brands, products or sealers, nor does it guarantee materials, workmanship, performance or durability of the qualifying items;
2. that the toilet must be a new, water efficient model (4.8L or dual flush) and must be installed in a residence or business within the Town of Cornwall;
3. that the Applicant shall provide the Town of Cornwall with reasonable access to the toilet so the town may inspect the eligible property in order to verify the installation of the water efficient toilet and eligibility of the same;
4. that the Town of Cornwall does not guarantee or warrant the toilet or its installation, performance, freedom from defects, quality of workmanship or suitability of the toilet or any installation thereof for any purpose, or the suitability of the premises for installation. Further, the Applicant acknowledges and agrees to assume any and all costs of the installation or any alternations necessary for the proper installation of the toilet;
5. to indemnify, save and hold harmless the Town of Cornwall against all liability, loss, costs, damages and expenses, causes of action, actions, claims demands, lawsuits and other proceedings, by whomever made, sustained brought or prosecuted, including by third parties, involving injury, death, personal injury and property damage, in any way based upon, occasioned by or attributable to the Applicant's participation in this program, including any negligence on the part of the Town of Cornwall, or its agents;
6. to refund such rebate to the Town of Cornwall on request, if this application contains any material misstatement or misinterpretation on such Applicant's behalf, or if the Applicant breaches any of these terms or conditions; and
7. that the Town of Cornwall reserves the right to change or cancel the program at any time.

I DECLARE I AM A RESIDENTIAL OWNER IN THE TOWN OF CORNWALL, AND HAVE INSTALLED AN ULTRA-LOW FLOW TOILET THAT MEETS THE CRITERIA OF THE TOWN OF CORNWALL'S TOILET REBATE PROGRAM. BY SIGNING THIS FORM, I ACKNOWLEDGE ACCEPTANCE OF ALL THE TERMS AND CONDITIONS OF THIS PROGRAM, AND UNDERSTAND THE TOWN OF CORNWALL IS NOT RESPONSIBLE FOR THE INSTALLATION OR FUNCTION OF THE TOILET. I MAY ALSO BE SUBJECT TO AN IN-HOME INSPECTION BE A DESIGNED EMPLOYEE TO CONFIRM THE INSTALLATION OF THE ABOVE LISTED ULTRA-LOW FLOW TOILET(S).

SIGNATURE: _____ DATE: _____