



High-Efficiency Toilet Rebate Application

Offer available March 1, 2007 thru June 30, 2009, subject to fund availability.

Applicant Information

Applicant's First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone Number _____

Installation Address _____
(If different from mailing address)

City _____ State _____ Zip _____ Telephone Number _____

Water Bill Account Number *(number for installation address must be provided)* _____

Toilet Information

Store Name	Store City	Store Telephone			
Purchase Date	Purchase Price	Manufacturer	Model Name	Model Number	Quantity
Purchase Date	Purchase Price	Manufacturer	Model Name	Model Number	Quantity
Purchase Date	Purchase Price	Manufacturer	Model Name	Model Number	Quantity

Rebate Agreement – Release of Liability

Solano County Water Agency may deny any application that does not meet the requirements. Requirements are listed in the Rebate Program Guidelines and Conditions section. The undersigned agrees to allow the Agency to inspect all toilet installations as a condition to obtaining a rebate under this program. The Agency does not guarantee the performance of any toilet or that the installation will be free of defects. The Agency also does not warrant the quality of the workmanship, suitability of the premises or the toilet for installation. The undersigned further agrees to hold blameless the Solano County Water Agency against loss, damage, expense, and liability resulting from the loss, destruction or damage of property arising out of or in any way connected with the installation of a toilet. The Agency reserves the right to alter this program at any time. Funding for this program is limited to available resources. Rebates are processed on a first come, first serve basis. Please allow up to 12 weeks for your completed application to be processed. Incomplete applications cannot be processed. **By signing this form I agree that I have read, understand, and agree to the Rebate Program Guideline and Condition section.**

Customer Signature _____ Date _____

Mail To: Solano HET Rebate Program
 3800 Watt Ave. Suite 105
 Sacramento, CA 95821