



Account Number(s): \_\_\_\_\_

## SECTION 1: INCENTIVE INFORMATION

- **Please note, you MUST receive pre-approval from Waukesha Water Utility prior to beginning any toilet change out project** (including removing old toilets, ordering, purchasing, and installing new toilets).
- Large Multi-Family/Commercial Toilet Rebate Incentives will be determined on a case by case basis depending on available funds.
- Incentives are only available for the cost of toilets, not for labor or installation costs.
- The total maximum incentive a customer may receive is up to \$100 per toilet and no more than \$10,000.
- Approval of an incentive entitles the Utility to reference the project in documents that reference its conservation program. This may include an interview with the project staff and/or photos for submission to the Wis. Water Association newsletter, the Waukesha Freeman, the Utility's website, and the annual report to the Wisconsin Public Service Commission, etc.
- Incentives are available to help implement projects that otherwise would not be completed, or to complete projects sooner than scheduled.
- See Section 2 for customer eligibility/requirements.

## SECTION 2: APPLICATION REQUIREMENTS

The purpose of this form is to assess pending projects to determine if the project is eligible for a toilet rebate incentive. Funding provided is contingent upon the following requirements and upon receiving all requested documents:

- **Customers MUST work with the Utility to determine if their project would qualify and then obtain approval (in the form of a Utility-signed Incentive Agreement) prior to removing or purchasing any equipment.**
- Property where toilets are installed is a customer of Waukesha Water Utility.
- All toilets need to be inspected **before and after** installation by the Utility to ensure eligibility.
- High Efficiency toilets must replace toilets installed in 1993 or prior and are at least a 3.5 gpf (gallon per flush) toilet.
- New toilets must be a 1.28 gpf and WaterSense certified (the WaterSense logo is shown at the top of this Application).
- All toilets need to be installed and inspected no later than November 1<sup>st</sup> (the same calendar year of the incentive approval).
- All paper work, including the purchase order and original paid receipt, dated on or after the incentive approval date, must be submitted to the Utility no later than November 1<sup>st</sup> so that the incentive check can be issued by the end of the year.

## SECTION 3: CUSTOMER LEGAL INFORMATION

Company Legal Name:		Tax Identification Number (complete <b>ONE</b> only, must be 9 digits): FEIN: _____ OR SSN: _____			
Company Contact Name:		Business Classification of Customer (Check <b>ONE</b> only. Required for all businesses, including non- <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Street Address:		City:		State:	Zip Code:
Owner Name (Corporations excluded):		Phone:	Fax:	Email:	

## SECTION 4: PAYMENT INFORMATION (All information is required to receive payment)

Make Incentive Check Payable to (check **ONE**):  Company Name  Business Owner's Legal Name (Only if Sole Proprietor)

Make Check to the Attention of:

Alternate Mailing Address (if different from address above):		City:	State:	Zip Code:
--	--	-------	--------	-----------

**SECTION 5: JOB SITE INFORMATION** (Where project will occur)

Job Site Name:		Project Contact Name:	
Job Site Street Address (physical address):		City:	State: Zip Code:
Project Contact Phone:	Project Contact Fax :	Project Contact E-mail:	Preferred Means of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail
Account #:		Customer #:	

**SECTION 6: PROJECT PARAMETERS - project specific information will be held as confidential**

Project Description (including costs):

**For Multi-Family:** How Many Apartment Units Will Have Toilets Changed Out: \_\_\_\_\_ Number of Toilets/Unit: \_\_\_\_\_

Address(es) of the Building(s) Where Change Out Will Occur: \_\_\_\_\_

Year(s) Building(s) Built: \_\_\_\_\_

**\*\*\*Please attach a list of Addresses (Building Addresses and Apartment Units) of where Toilet Change Outs will occur.\*\*\***

**For Commercial:** Choose Business Type  School  Food Processing  Food Service  Lodging  Other \_\_\_\_\_

Healthcare  Manufacturing, type \_\_\_\_\_ Number of Toilets to be Changed Out \_\_\_\_\_

Address(es) of Building(s) Where Change Out Will Occur: \_\_\_\_\_ Year(s) Built: \_\_\_\_\_

**New Toilet Information for Multi-Families & Commercial:**

Toilets to be Purchased From: \_\_\_\_\_ Price per Toilet: \_\_\_\_\_

Toilet Manufacturer(s): \_\_\_\_\_ Model Number(s): \_\_\_\_\_

**SECTION 7: BACKGROUND QUESTIONS**

Are These New Toilets At Least 1.28 gpf? \_\_\_\_\_ Are the New Toilets WaterSense Certified? \_\_\_\_\_

1. Check which best describes where you are right now with your project:

- Considering project
- Assessing feasibility
- Getting vendor bids and/or savings estimates
- Received management approval
- Started installation

2. Check your reasons for pursuing this project:

- Reduce maintenance costs
- Replace worn out equipment
- Reduce utility costs
- Comply with regulatory equipment
- Achieve company goal or mandate

**APPLICANT:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WAUKESHA WATER UTILITY:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return signed, completed form to:**

Mail: Waukesha Water Utility – Incentive Dept. PO BOX 1648 Waukesha, WI 53187-1648

Fax: 262.521.5265 Questions: Call 262-409-4423

Email Address: ContactUs@waukesha-water.com