

**Albemarle County Service Authority
Toilet Rebate Form for Residential Customers**

Application # _____

Please print clearly to ensure prompt response.

Water Utility Account # _____ Owner occupied Renter occupied (Renter responsible for utilities)

Name (print) _____ Work Phone _____ Home Phone _____

Installation Address _____ Zip Code _____

Mailing Address (if different) _____ Zip Code _____

E-mail _____

Preferred Method of Contact: ___ Work Phone ___ Home Phone ___ Email ___ Mail

Required Qualifying Information

Year home was built _____

Number of older generation toilets to be replaced: 1 2 3

Toilets:

Number of toilets in home _____

Have any toilets in the home already been updated to a low-flow type? Yes No

If 'Yes,' how many? _____ How many replaced as part of ACSA toilet rebate program? _____

NOTE: If your home was built after 1992, the ACSA must verify that the toilet(s) being replaced is/are older generation. If, in fact, the toilet(s) is/are not older generation, it/they will NOT be picked up and you will NOT be eligible for a rebate. Please note that the new toilet(s) must be 1.6 gallons per flush or less to qualify.

NEW TOILET INFORMATION

1. Toilet Purchase Price _____ Toilet Seat Price _____ Total Reimbursable Costs _____

2. Toilet Purchase Price _____ Toilet Seat Price _____ Total Reimbursable Costs _____

3. Toilet Purchase Price _____ Toilet Seat Price _____ Total Reimbursable Costs _____

Confirmation or denial of approval for the program will be sent to you via mail. If you are approved for the program, upon receiving approval, you will need to call our office to arrange pick-up of your old toilet(s). Our pick-up day is every Thursday. Please call BEFORE Thursday. If you call ON a pick-up day, your pick-up will not be scheduled until the following pick-up day. Funding for the rebate program is limited, and rebates are awarded on a "First-Come, First-Served" basis. A rebate is not guaranteed unless all program requirements are met and you have received confirmation of approval.

For ACSA Use Only

Approved: Yes _____ No _____

Approved by: _____

Due Date: _____

Denial Reason: _____

I certify that all eligibility requirements have been met, and that an itemized, original receipt has been submitted to the ACSA.

Customer Signature _____

Please return completed form to the ACSA Toilet Rebate Program, 168 Spotnap Road, Charlottesville, Virginia 22911 or email toiletrebate@serviceauthority.org