



Ultra Low-Flow Toilet Rebate Request Application

(Residential Only)

NOTE: Application must be completed in full with original, unaltered receipt attached

Name: _____ Utility Account #: _____

Billing Address: _____

Installation Address: _____

Contact Person: _____ Telephone: _____

Make of Toilet: _____ Date of Purchase: _____

Installed By: _____ Date of Installation: _____

How did you learn about the Rebate Program?: _____

By signing this document, customer is consenting to allow a post-installation verification inspection by an NBU representative at the utility's discretion and is certifying that installation has taken place.

Signature: _____ Date: _____

For NBU Use Only

Note to NBU representative: Please verify and record the date of initial water service at this location.

Date of initial water service: _____

Verified by: _____ Date: _____

Rebate approved/denied per: _____ Date: _____

Comments: _____
