



## LOW FLOW TOILET REBATE PROGRAM

City of Ormond Beach  
Finance Department  
22 South Beach Street  
Ormond Beach, Florida 32174

[www.ormondbeach.org](http://www.ormondbeach.org)

(386) 676-3209

(386) 676-3374 fax

### ••IF YOUR HOME WAS BUILT AFTER 12/31/1993 YOU ARE NOT ELIGIBLE••

To help customers reduce water use, the City of Ormond Beach has a low flow toilet rebate program. Customers who replace existing high volume toilets with new low flush models are eligible to receive a \$50 (fifty) dollar rebate per toilet, for a maximum of two per residence or unit.

### Toilet Rebate Conditions & Guidelines

- The following conditions must be met in order to receive your \$50 rebate:
- You must be a City of Ormond Beach residential, commercial water or sewer customer.
- ***The offer is only to replace existing toilets that were installed before 1994, not for new construction.***
- The toilet must be installed at the property that receives a utility bill from the City of Ormond Beach.
- There is a limit of two \$50.00 rebates per residence for residential customers and two \$50.00 rebates per unit for commercial customers.
- It is the homeowner's or business owner's responsibility to ensure proper installation. You may install the toilet(s) or you may hire a plumber.
- After purchasing and installing the toilet, you must fill out the attached application and mail it with your receipt to the Finance Department. The original sales receipt must be dated within six months of application and have the toilet listed separately and include the manufacturer and model.
- Rebate application form, along with the original receipt, should be mailed to:

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- After receipt of all paperwork, eligible participants will be sent a rebate check and their original receipt.
- The removed toilet cannot be reused and must be disposed of properly.
- By participating in the City of Ormond Beach Toilet Rebate Program, the customer agrees to an installation verification visit, if the City of Ormond Beach's designee schedules one.

**EFFECTIVE 5/08/2017**

**40151302 505204**



## LOW FLOW TOILET REBATE APPLICATION

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Date \_\_\_\_\_ Account # \_\_\_\_\_

Name (print) \_\_\_\_\_

Installation Address (where toilet is located) \_\_\_\_\_

Zip Code \_\_\_\_\_ Homeowner \_\_\_\_\_ or Renter \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Zip Code \_\_\_\_\_ Number of toilets being replaced \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Year home was built \_\_\_\_\_ Number of bathrooms in home \_\_\_\_\_

Replacement Toilet Manufacturer (Brand) \_\_\_\_\_

Model Name or Number \_\_\_\_\_

### ***Customer Acknowledgement***

I have read and understand the toilet rebate policy requirements as stated in the attached instruction sheet. I understand that in order to receive the rebates; I must dispose of any replaced toilets, so that they cannot be reused. I also understand that an inspection of the installed toilet may be required prior to rebate approval.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Accounting Technician

\_\_\_\_\_  
Customer Service Supervisor