LOW FLOW TOILET REBATE PROGRAM

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

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

• 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
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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

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