



**South Tahoe Public Utility District
High Efficiency Toilet (HET) Rebate Application**

Post 4/15/2011

High Efficiency Toilet Rebate Eligibility

1. High Efficiency Toilets are rated at 1.28 gallons per flush. Replacing an Ultra-Low Flow toilet (1.6gpm) with a High Efficiency Toilet does **NOT** qualify for a rebate. To be eligible you must be replacing a pre-1992 model toilet that uses more than 2 gallons per flush.
2. High Efficiency toilet must be purchased **after 4/15/2011**.
3. The High Efficiency Toilet must be **installed within the service area** by a customer of South Tahoe Public Utility District.
4. **Rebate: 50 % up to \$100.00** per High Efficiency Toilet. Limit 4 per household.
5. Submit an **application**, copy of purchase **receipt**, and a **W-9 form**. If your purchase receipt does NOT have the toilet make and model number on it, please submit back-up information (ex. copy of the front page of the information packet that states make and model #). Photos are required of old and newly installed toilet.

Mail: HET Rebate
1275 Meadow Crest Drive
South Lake Tahoe, CA 96150

Fax: (530) 541-4326
Email sjones@stpub.dst.ca.us
Phone: 530-543-6268

6. The District will accept applications on a **first come, first served basis** and may reject or limit applications based on the availability of funds.

Checks are issued only to the property owner or owner's legally appointed representative (**typically 30-60 days after application submitted**). Funding for this project has been provided in full through an agreement with the California State Water Resources Control Board. The contents of this document do not necessarily reflect the views and policies of the SWRCB, nor does mention of trade names or commercial products constitute endorsement or recommendation for use.

Customer Information

Customer name: _____

Service Address: _____

Phone number: _____ Email address: _____

APN (Assessor's Parcel Number): _____

High Efficiency Toilet Information

Manufacturer: _____

Model #: _____

Purchase date: _____ Installation date: _____

Purchase price: \$ _____ Purchased from: _____

Mail check to:

Name _____

Mailing Address _____

City, State, Zip _____

I hereby certify that all information is accurate including claims of customer and equipment information. I have read the eligibility requirements on this form and if any part of the application is found to have been intentionally falsified, I will be required to refund the money.

Customer Signature: _____ Date _____

District use:

District Approval: _____ Date: _____ Amt _____ W-9 ___ Input ___

#2038-6660/WCPRG-OTHR Prepared _____ Checked _____ Entered _____