



NCSD Water-Efficient Toilet Rebate Program Customer Information Form

In order to qualify for this program, applicant must be an NCSD water customer and the toilets being replaced must use greater than 1.6 gallons per flush. Customer must complete information and have form verified and signed by NCSD staff.

Customer Information (to be filled out by customer)

Applicant Name _____	Phone Number _____
Service Address _____	E-mail Address _____
Mailing Address: _____	
NCSD Account # _____	Number of toilet(s) _____ (limit 3 per account)
Old toilet 3 GPF or greater? Yes ___ No ___	
Old toilet 1.6 GPF? Yes ___ No ___	
By signing this form, I acknowledge that I have read, understand, and agree to all Terms and Conditions for this program. I agree, if requested, to allow a District representative to inspect the installed toilets.	
_____	_____
Customer Signature	Date

NCSD Office Verification (office staff)

Sales Receipt Yes ___ No ___ Date Received _____	
Proof of Toilet Decommission: Picture _____	Receipt _____
Approved _____ Rejected _____	
Rebate Amount: _____	
_____	_____
NCSD Authorized Signature	Date