

COMPLETE APPLICABLE SECTION(S) ONLY

Toilets:

No. of bathrooms in property: _____

No. of toilets replaced: _____

Date of purchase: _____

Price: \$ _____

Brand of new toilet(s): _____

Model No(s): _____

Manufacture date of toilet(s) being replaced: _____
(Date is typically stamped inside the toilet tank and/or lid.)

Programmable Irrigation Timer:

Irrigation System Rain Sensor:

Brand of new irrigation timer: _____

Brand of new rain sensor(s): _____

Model No. _____

Model No. _____

No. of timers replaced: _____

No. of sensors replaced: _____

Date of purchase: _____

Date of purchase: _____

Price: \$ _____

Price: \$ _____

AGREEMENT

In order to receive the rebate, the customer/property owner agrees to the following conditions:

1. All rebates are subject to availability of funding and are provided on first-come, first-served basis.
2. Rebates will be in the form of a credit to my Sioux Falls Utility account. If I do not have an active account with the Sioux Falls Utilities, my refund will be in the form of a check.
3. The device replaced meets specified program requirements from the first page.
4. I agree that the City can inspect my property to confirm that the device was installed, done so properly, and is operating for its intended purpose. If the inspection, whenever performed, shows that the device is not installed or is not performing as represented in this rebate application, I agree to refund any funds received from the City.

Signature

Date

Print name

Send completed application and original receipt (photo copies will not be accepted) to:

Sioux Falls Utilities
Plumbing Retrofit Program
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8131

OFFICE USE ONLY

Make and model of toilet(s): _____ No. of toilet(s): _____ Rebate amount: \$ _____

Make and model of irrigation timer(s): _____ No. of timer(s): _____ Rebate amount: \$ _____

Make and model of rain sensor(s): _____ No. of sensor(s): _____ Rebate amount: \$ _____

Verification by: _____ Date: _____

Rebate Application: Approved Denied

Total Rebate Amount \$ _____

Additional notes: _____