ORILLIA

Environment and Infrastructure
Services Department
Environmental Services Division

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REBATE FORM
WATER FIXTURE REPLACEMENT

Name: _____ **Water Account #:** _____
First Name Last Name

Street Address: _____ **Postal Code:** _____

Phone #:_____ **Date of Purchase**: _____

Note: All rebates must include a copy of the proof of purchase for each new item and disposal for each old item. Applications must be received within 6 months of purchase date. Rebate will not exceed the purchase amount of the item.

Permission to inspect (if required): Yes ☐

_____
Owner/ Representative Signature

Fixture	**Type and Flow Rate** ***(Available Rebate)***	**Number Installed**	**Make**	**Rebate Value ($)**
Toilet *(Limit 2 per unit/ household)*	Ultra Low Flush (6L) ***($50)***			
	Dual Flush (4L/6L) ***($75)***			
Showerhead *(Limit 2 per unit/ household)*	Low Flow (9.5 L/min) ***($8)***			
	Ultra Low Flow (5.7 L/min) ***($12)***			
Urinal *(Commercial Only)*	Waterless Urinal ***($100)***			
			Total (No HST)	

FOR OFFICE USE ONLY:

Date/Time of Inspection: _____ Inspection Not Required ☐

Account No. _____ Authorization: _____

City Representative Signature: _____ PAID BY CHEQUE No. _____

Revised: August 20, 2020