

City of Tigard  
WaterSense Toilet Reimbursement Form

Must be received no later than June 30, 2010!

Questions? Call **503.718.2599** or email [jennifer@tigard-or.gov](mailto:jennifer@tigard-or.gov)

**Account #** \_\_\_\_\_  
*Your account must be active and in good standing.*

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address/City/Zip** *(New toilets must be installed at property address associated with Account # listed above.)*

**Contact Number** \_\_\_\_\_ **# of Bathrooms** \_\_\_\_\_ **# People in Household** \_\_\_\_\_

	<b>Purchase Date</b>	<b>Purchase Price</b>	<b>Brand Name</b>	<b>Model Name</b>	<b>Old toilet's gallon per flush (gpf) (e.g. 1.6, 3.5, 5 gpf)</b>
<b>Toilet #1</b>					
<b>Toilet #2</b>					

**Reimbursement Agreement / Release of Liability**

Reimbursement will be applied to customer's water account in 4-6 week of approved application. The City of Tigard may deny any application that does not meet all of the WaterSense Toilet Reimbursement Program Eligibility and Requirements. The City of Tigard reserves the right to alter or cease this program at any time. The undersigned agrees to allow the City of Tigard, with notification, to enter upon the property to inspect the installation of the toilet(s) to assure program requirements are met. The City of Tigard is not responsible for the quality of the toilet purchased and does not warranty any toilet, or any fixture comprising a component in any toilet, or the installation of any toilet. The City of Tigard does not warrant or guarantee lower water bills as a result of participating in the WaterSense Toilet Reimbursement Program. The City of Tigard is not responsible for any damage that may occur to applicant's property as a result of removing the old toilet or installing the new toilet under this program. The undersigned agrees to hold harmless the City of Tigard from and against all loss, damage, expense and liability resulting from or otherwise relating to the purchase, installation, use, or removal of a toilet.

**By signing this form I agree that I have read, understand, and agree to the Reimbursement Agreement / Release of Liability (above) and the WaterSense Toilet Reimbursement Program Eligibility and Requirements.**

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WaterSense Toilet Reimbursement Checklist**

- Purchase toilet between the dates of 7/1/09 - 6/30/10.** A copy of the dated sales receipt (or invoice) that specifies the toilet brand/model is required.
- Recycle old toilet** at Environmentally Conscious Recycling (12409 NE San Rafael, Portland, OR 97230, (503) 253-0867, [ecr@ecrrecycling.com](mailto:ecr@ecrrecycling.com)) **OR** at an approved Toilet Roundup. Information concerning the next roundup contact (503) 718-2599.
- Complete and sign reimbursement application.**
- Mail reimbursement application, sales receipt & recycling receipt to:**  
City of Tigard  
Water Conservation Program  
13125 SW Hall Blvd.  
Tigard, OR 97223

**Must be received no later than June 30, 2010.** Forms and/or documents received after June 30, 2010 will not be processed. Reimbursements available on a first-come, first-served basis. The program will end when funds are depleted or no later than June 30, 2010.