

City of Gresham Toilet Rebate Form



Gresham Water Account # _____
(Your account must be active and in good standing)

First Name _____ Last Name _____

Number of toilets replaced _____

Property Address (New toilets must be installed at address associated with account number listed above)

RENTER or OWNER (circle one) Address _____
City _____
State _____ Zip _____

Mailing Address (if different than property address)

Address _____
City _____
State _____ Zip _____

Daytime Phone _____ E-mail Address _____

Rebate Agreement / Release of Liability

A rebate check may be made payable to the water customer of record. The City of Gresham (City) may deny any application that does not meet all of the City Toilet Rebate Program eligibility requirements. The City reserves the right to alter or cease this program at any time. The undersigned agrees to allow the City, with notification and consent, to enter upon the property to inspect the installation of the toilet(s) to assure program requirements are met. The City 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 does not warrant or guarantee lower water bills as a result of participating in the Toilet Rebate Program. The City 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 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 Rebate Agreement / Release of Liability and the Toilet Rebate Program Eligibility and Requirements.

Customer Signature _____ Date _____

Owner Signature (if different than customer) _____ Date _____

Owner's Address _____

City _____ State _____ Zip _____

City Approval _____ Date _____