

City of Gresham Toilet Rebate Checklist and Eligibility Requirements



1. The toilet you purchase must be WaterSense™ labeled. For a complete list of eligible models, visit: www.epa.gov/watersense.
2. Purchase toilet(s) between the dates of 7/1/24 and 6/30/25. Toilets purchased outside of these dates may not be eligible for rebates.
3. Save your receipt. A copy of the dated sales/pick up receipt (or invoice) that specifies the toilet brand/model is required. The brand/model you purchase must be an eligible toilet model.
Note: Tank and bowl numbers cannot be mixed and matched from different models. Each model has been tested in specific combinations for performance and efficiency.
4. The new toilet(s) must be installed at the property associated with your City of Gresham water account. The City reserves the right to inspect homes where rebates have been issued.
5. The City recommends recycling your old toilet(s). The nearest local recycler is:
Environmentally Conscious Recycling (ECR)
(503) 253-0867
12409 NE San Rafael, Portland, OR, 97230
ecr@ecrrecycling.com
6. Complete and sign the 2024-2025 fiscal year City of Gresham Toilet Rebate Form (page two of this document).
7. Submit the following (must be received by City of Gresham no later than July 5, 2025):
 - a. Toilet Rebate Form (one per account, completed, and signed)
 - b. Toilet sales/pick up receipt or invoice for each toilet: up to two (2) rebates per Single Family Residential Account and up to ten (10) rebates per Multi-Family Account (originals or copies okay)

Mail to: Eric Jones
City of Gresham
1333 NW Eastman Parkway
Gresham, OR 97030

Approximately 2-4 weeks after receiving your completed application and verifying eligibility, **the City will send a rebate check to the customer of record at the mailing address noted for the account.**

Note: Toilet Rebate Forms that are incomplete, lacking required documents, or missing a signature will be returned to the applicant. Completed Toilet Rebate Forms and/or documents received after July 5, 2025, will not be processed. The City is not responsible for items lost or delayed in the mail.

Questions? Contact us at (503) 618-2525 or Eric.Jones@GreshamOregon.gov

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 _____ (up to 2 for residential accounts or 10 for multi-family accounts)

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 City 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 _____