Purpose

The intent of the High Efficiency Toilet (HET) Rebate Program is to encourage Metro Water District single-family customers to reduce their indoor usage by installing toilets that do not exceed 1.3 gallons of water per flush.

Requirements

The following requirements must be met to qualify for the High Efficiency Toilet Rebate:

1. Applies to replacement of existing toilets with a HET or Dual Flush toilet (1.0-1.3 gallons per flush) within the District. *Rebate does NOT apply to 1.6 gallon ultra-low flush toilets.*
2. Applicant must be a Metro Water District customer in good standing.
3. Applicant must provide a valid sales receipt from within the past year for the purchase of each qualifying toilet (labor excluded).

Rebate

Rebate applications may be submitted: at 6265 N. La Cañada Drive, Tucson, Arizona; by mail to Metro Water District, PO Box 36870, Tucson Arizona 85740; or by email to info@metrowater.com. If approved, a rebate check of $50 per qualifying toilet will be mailed to applicant within six weeks. Rebates will be available as long as funds exist and continuation of the rebate is subject to Board approval. Metro Water District reserves the right to inspect toilet for rebate verification purposes. Appeals must be submitted in writing.

_____

Please Print:

Name _____

Installation Address _____

Mailing Address _____

# of Toilets Requested for Rebate _____ Reason for Replacing _____

Brand of New Toilet(s) _____ New Toilet(s) Gallons Per Flush (GPF) _____

Old Toilet(s) GPF   1.6 gal   3.5 gal   5 gal   7 gal   # of Bathrooms _____

# of People/Household _____ Is the home occupied year-round? (when?) _____

I have read and understand the above requirements and certify that the above information is correct.

Applicant Signature: _____ Date _____

I certify that I have installed the HET toilet(s) at the above listed installation address.

Installer (Applicants please sign again if you installed yourself): _____

Metro Water Account # _____ Contact Phone _____

_____

Internal Use Only – Please assemble app, receipt, and 12 month history -> Program Analyst

Application Received and Assembled by (Staff Name) _____ Date _____

Approved ___ Denied ___ Authorized Signature _____ Date _____

Denial Reason _____ Denial Notification Date _____

Rebate check issued for $_____ by (Staff Name) _____ Date _____