



Toilet Rebate Completion Form

I am an authorized representative of _____ (print **company name**) and the building located at _____ (print **building** address).

I confirm that toilet upgrades at the above address have been completed and all Program Requirements as outlined on the Application Form have been complied with.

Number of toilets upgraded: _____ (# of toilets) Total number of toilets in building _____

Volume of new toilets _____ (liters per flush)

Make/model of new toilets _____

Purchase price of new toilets _____ (total purchase price including tax)

Installation cost (if applicable) _____ (total cost including tax; if toilets were installed by your own staff just write "self-installed")

Volume of old toilets _____ (liters per flush; min=13)

I verify that all the information provided in this Completion Form is accurate.

_____ (print name of authorized representative)

_____ (signature of authorized representative)

_____ (date)

Company/Landlord's mailing address (rebates will be mailed to this address)

Email: _____

Phone #: _____

Scan and email this Completion Form along with the Application Form (with the Confirmation section completed by program personnel) AND receipts for the toilets purchased to: COVtoiletrebates@frescoltd.com.

If you are completing upgrades in multiple buildings send a separate set of forms for each building.