



WaterSense® High Efficiency Toilet Credit Program Application

Completed and signed application for each toilet must be returned to the City of Kannapolis, 234 Dale Earnhardt Blvd., Kannapolis, NC 28082 with the **ORIGINAL** proof of payment (receipt or itemized invoice from plumber) within 90 days of date of purchase. Please review Program Rules on back of application prior to submitting completed form.

Today's Date: _____ Installation Date: _____
Customer Name: _____
Service Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell: _____
Account Number: _____

Original receipts will be kept by the City of Kannapolis (please keep a copy for your records) and must contain the following information to be considered acceptable:

1. Business/Company Name: _____
2. Date of purchase: _____
3. Make and model number of toilet purchased: _____
4. Total amount of purchase: _____
5. Method of payment (cash, check, debit or credit card): _____

Original invoices from a plumber/contractor will be kept by the City of Kannapolis (please keep a copy for your records) and must contain the following information to be considered acceptable:

1. Business/Company Name: _____
2. Invoice/order number: _____
3. Make, model number and cost of toilet installed: _____
4. Payment has been made in full and zero (\$0) balance remains; invoice should be stamped "Paid in Full".
5. Method of payment (cash, check debit or credit card): _____

CONSENT:

I understand and acknowledge that an in-home inspection to verify the installation of a WaterSense® toilet(s) is required by the program. Further, failure to allow an inspection of the installed toilet(s) within thirty (30) days from the date below will result in refusal of credit. I understand that it is my responsibility to schedule an appointment with a representative of the City of Kannapolis for this inspection by calling the Public Works Department at 704-920-4200. I also understand that if any of the above information is found to be incorrect, the credit received will be charged back to the account listed above.

Signature: _____ **Date:** _____

Disclaimer:

1. The City of Kannapolis reserves the right to request additional information and to reject any application that does not meet all of the requirements of this Credit Program.
2. The City of Kannapolis makes no representations or warranties that EPA WaterSense® labeled toilets selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur as a result of the installation of the WaterSense® toilet. The City of Kannapolis is not responsible for the work of the installer, whether a licensed plumber or otherwise.
3. The City of Kannapolis reserves the right to change the Credit Program without notice. This Credit Program will be available until **May 7, 2020 (10 years from date of settlement execution)**

Billing Office Use only

Approved Denied Amount: _____ By: _____ Copy to PW Date: _____
Inspection Completed By: _____ Date: _____ Crt Applied By: _____ Date: _____