



**Send Completed Application to:**

Rosemount Public Works  
2875 145th Street West  
Rosemount, MN 55068

Phone: 651-322-2022

Fax: 651-322-2694

Email: pwadm@ci.rosemount.mn.us



## Toilet Rebate Request

### APPLICATION MUST BE COMPLETED IN FULL

Please Attach *copy of purchase receipt and WaterSense logo.*



Water Utility Bill Account #: \_\_\_\_\_

Rebates available to Rosemount utility customers with non-delinquent accounts

Rebate applied to water utility bill (maximum rebate \$50 not to exceed 1/2 cost of fixture)

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Installation Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Rental:  Yes  No

### Information

Type of Product Purchased: \_\_\_\_\_

Date of Purchase: \* \_\_\_\_\_ Cost (pre-tax): \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Company Purchased From: \_\_\_\_\_

Property Type: Single Family: \_\_\_\_\_ Multifamily: \_\_\_\_\_ Duplex: \_\_\_\_\_

\*Receipt must be dated on or after 1-1-16

**NOTE: Appliances must be installed within a Primary Residence or Home, not Vacation Property, not New Construction.**

Contact Information:

Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Customer Agreement:** My signature indicates that the information provided is true, I have read and understood the rebate program guidelines, and that I comply with the City of Rosemount rebate program requirements. Upon compliance, a rebate will be distributed if funding is available at the time of application. I will allow a representative of the City of Rosemount to verify the installation if requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_

Copy of Receipt Attached? \_\_\_\_\_

Rebate Amount: \_\_\_\_\_

Verified By: \_\_\_\_\_

Comments: \_\_\_\_\_

UB Account # \_\_\_\_\_