

Provincial Toilet Replacement Rebate Program

Direct Application: Non-Profit Facility

Organization Name: _____

Contact Person: _____

Daytime/Work Phone: _____

Send cheque to:

Name on cheque: _____

Mailing address: _____

City/Town: _____

Province: _____ Postal Code: _____

Installation Address: Street address or land location, if different from above, or if mailing address is a Post Office box:

City/Town/RM: _____

Province: _____ Postal Code: _____

Type of Non-Profit Group:

- Faith-based
- Medical/Health-related
- Community Service
- Cultural or Special-Interest
- Recreation/Athletic Organization
- Other (please specify): _____

Type of Structure:

- Offices
- Recreational or Cultural facility
- Assembly facility (ie. Church, Hall)
- Mixed-use or Other (please specify): _____

Year structure was built: _____

Old Toilet Details:

Total number of toilets removed by flush volume:

____ ≥13 litre ____ ≥18 litre ____ ≥22 litre

New Toilet Details (maximum of 20):

Total number of new toilets installed by flush volume:

____ 6litre or less ____ Dual Flush

Who installed your new toilet(s)?

Self ____ Family/Friend ____ Paid Tradesperson ____

Inquiries: (306) 694-3900

Where did you learn about this Program?

- Television
- Radio
- Print
- News Announcement
- Family/Friend/Neighbour
- Plumbing Retailer
- SWA Web site
- Other (please specify): _____

Declaration:

By signing this, I agree that I have entered true and accurate information. I declare that I am the registered property owner or authorized agent, that the toilets which have been replaced use 13-litres or more per flush, and that these old toilets have been disposed of in accordance with local regulations.

I have read and understood the terms of the program and meet all eligibility requirements. I understand that the Saskatchewan Watershed Authority is not responsible for the installation or functioning of my new toilet(s).

By submitting the application and accepting the rebate, I agree to release and save harmless Saskatchewan Watershed Authority from all claims, actions, causes of action, losses, damages, expenses and costs of any nature whatsoever arising from or related to my participation in the program.

The Saskatchewan Watershed Authority reserves the right to reject or accept any application for the program. Any qualified rebate may be subject to onsite inspection, verification or follow-up contact by the Saskatchewan Watershed Authority, and I agree to provide access to a Saskatchewan Watershed Authority inspection.

Signature: _____

Date: _____

PLEASE NOTE: Your application **must** be accompanied by the **original purchase receipts** for the new toilets. Duplicates, reprints, photocopies and invoices not marked, "PAID" are not accepted.

Mail to:

Saskatchewan Watershed Authority Head Office
c/o Provincial Toilet Replacement Rebate Program
111 Fairford Street East
Moose Jaw, Saskatchewan S6H 7X9

For office use only:

Date Received: _____

Application # _____

Previous application # _____

Approval/Non-Approval Initials: _____