



CITY OF GALLUP

Application #: _____

High-Efficiency (HE) Toilet & Showerhead Rebate Program



The purpose of this High Efficiency Toilet & Showerhead Rebate Program is to replace **water-wasting** toilets that are 3.5 gallons or more per flush. The rebate does not apply to customers replacing an existing 1.6 gallon per flush toilet with a HE toilet. To be eligible for the rebate the City of Gallup utility customer must be replacing a toilet that was built before 1994 and meet all of the following program requirements:

PROGRAM REQUIREMENTS

- A CITY INSPECTOR MUST APPROVE YOUR APPLICATION BEFORE YOU PROCEED! Call 863-1393.** Customer agrees to allow the **City** and/or its agents and employees access to **verify if the old toilet(s)** and/or showerhead(s) qualifies **before** or **at the time** of installation(s) or a time deemed necessary by the City of Gallup;
 - Purchase and install on the owner's or utility account applicant's property, a qualifying HE toilet from the U.S. EPA WaterSense® "*Find a WaterSense Labeled High-Efficiency Toilet*" list. See EPA website: <https://www3.epa.gov/watersense/products/toilets.html>. **Only HE toilets that have been labeled High-Efficiency Toilets by EPA's WaterSense will receive the rebate credited to the customer's account.** The customer is solely responsible for the purchase of the toilet, installation arrangements and payment;
 - All commercial toilet installations must be certified by a licensed plumber having a license to do business in the City of Gallup and having a place of business in or near Gallup. The City does not warrant, endorse or assume liability for the quality, performance or safety of any plumber or contractor, its employees or agents related to purchases or work under this program;
 - Customer agrees that plumber/contractor may refuse to install the toilet(s) and/or showerhead(s) if the customer does not agree to pay for improvements that are necessary for proper functioning of the toilet(s) and/or showerhead(s) and/or the plumbing is not sound;
 - Customer agrees that the old toilet(s) and/or showerhead(s) will be disabled, removed and legally disposed by him/her-self or the plumber/contractor;
 - Submit a legible, ORIGINAL sales receipt** for the new (HE) toilet (*please make a copy of this receipt for your own records*). This sales receipt must include purchase date, installation date, purchase price, brand & model number;
 - Customer agrees to complete the installation and return the plumber's certification and/or call for inspection by the City (residential customers only) within sixty (60) days of approval.
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- After proper installation, **CALL #863-1393 to arrange for a Final Inspection.** Following final approval, the City will apply the rebate credit to your City of Gallup Utility bill. Your rebate should appear on your utility bill two to three billing cycles after your application is approved and processed.
 - Rebates are available on a first come, first serve basis. The City of Gallup does not endorse or recommend specific brands, products or dealers. Funding for the HE rebates is limited. This rebate will be in effect until June 30, 2020 unless action to extend this policy is taken by the Gallup City Council. *Program rules may be changed at any time.*
 - If the applicant does not own the property where the new Toilet/s or Showerhead/s are to be installed, the applicant is responsible for obtaining the owner's permission and approval.

For information pertaining to this program you can contact the City of Gallup, Utilities Engineering at (505) 863-1393.



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APPLICATION FORM

(Please complete this entire section. Incomplete forms will not be processed.)

Please Return Form by mail to: Water & Sanitation Department,
Attn: Environmental Program Office, P.O. Box 1270, Gallup, NM 87305

CUSTOMER INFORMATION

Note: Applicant must be a City of Gallup water service utility customer or be owners' agent of the property for which the application is made and the property must be in compliance with the City Code. The City of Gallup utility customer must be up to date on your billing payments.

Owner or Utility Account Name _____

Utility Account No. _____

Phone _____

Installation Address _____

Alt Phone _____

Address: to apply rebate credit _____
(must be owner's or utility account applicant)

Type of Installation: (Please check the appropriate box)

Installation by Plumber

Installation by Homeowner

Note: Commercial including Multi-Family Dwelling installations must be made and certified by a licensed plumber. Homeowner installations may be certified by a licensed plumber or City Inspector. (Old toilet must remain on site for City inspection / verification)

Single-Family Residential (One House):

Total Number of Toilets in Home _____

Total Number of Showerheads in Home _____

Number of Fixtures to be Replaced:

First Toilet @ \$100 = _____

Second Toilet @ \$75 = _____

3 or more Toilets @ \$50 each = _____

Showerheads @ \$5 each = _____

Sub-Total: _____

Commercial (Apartments & Non-Residential):

Total Number of Toilets in Facility _____

Total # of Showerheads in Facility _____

Number of Fixtures to be Replaced:

Toilets @ \$75 each = _____

Showerheads @ \$2 each = _____

Sub-Total: _____

(I have read and understand the program policy requirements as stated on page 1 of this application / program requirements. The HE Toilet I have purchased is on the U.S. EPA WaterSense "Find a WaterSense® Labeled High-Efficiency Toilet" list.) The number of showerheads may not exceed the number of toilets. The City of Gallup is not responsible for the quality of toilet purchased and does not warrant any toilet, or any fixture comprising a component in any toilet, or the installation of any toilet. The City of Gallup does not warrant or guarantee lower water bills as a result of participating in the program. The City of Gallup is not responsible for any damage that may occur to an applicant's property as a result of removing the old toilet or installing the new toilet under this program. The undersigned agrees to hold harmless the City of Gallup, its directors, officers, and employees from and against all loss, damage, expense and liability resulting from or otherwise relating to the purchase, installation, use, or removal of a toilet.

Property Owner / Customer's Concurrence Signature

Date

To be completed by City Staff

Application Approved by:

Total Rebate Due:

This Application is valid until:

(60 days from date approved)



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VERIFICATION FORM

I hereby certify I have replaced _____ each (high flow 3.0 gallon or higher per flush **TOILET-s**) in my home or place of business with HE Toilet(s) from the U.S. EPA WaterSense “Find a WaterSense Labeled High-Efficiency Toilet” list, (see the EPA’s website:

<https://www3.epa.gov/watersense/products/toilets.html>) and/or _____ each (high flow 3.0 gallon per minute or higher **SHOWERHEAD-s**) with a UPC-approved low flow 2.5 gallon per minute or less showerhead(s) and that the information submitted herein is correct. I have read, understand and agree to the Program Conditions listed herein and further agree to disable and dispose of the old toilet. I fully understand that providing false information may result in voiding any and/or all rebate(s).

Property Owner/ Customer’s Concurrence Signature

Date

PLUMBER (*multi-family dwelling and commercial / non-residential facilities require installation and certification by a licensed plumber*). I certify that I am a licensed plumber working for a plumbing or general contractor licensed by the State of New Mexico and having a permanent place of business in or near Gallup, NM and that the above customer is eligible for a rebate for _____ each toilet(s) and _____ each showerhead(s) and that I will remove, disable, and dispose of the old toilet(s).

I understand that providing false information to certify a rebate may constitute a criminal offense.

Plumber/Contractor’s Concurrence Signature

Company Name

Plumber/Contractor License Number

Date

To be completed by City Staff

Application Approved

Inspection Date: _____

Denied

Rebate Approved by: _____

Comments / or reason if denied: _____