



Toilet Rebate Form

Fill out and return with your water bill, fax or mail separately to:

City of Charlottesville
Office of Utility Billing
P.O. Box 591
Charlottesville, VA 22902
434 970-3211
Fax: 434 970-3212

Name: _____

Service
Address: _____

Mailing Address: _____

Phone Number: _____

Water Account Number: _____

**The Following Information Must be Filled In
(receipts often do not show this)**

Toilet Brand Name: _____

Model Name or Number: _____

Is this a WaterSense labeled toilet?: _____

A copy of your purchase receipt and / or invoice for installation costs must accompany this form.

I certify that I have replaced a 3.5 to 7 gallon toilet with a WaterSense labeled toilet at my property in the City of Charlottesville.

Signature

Date

Method of Rebate Payment

____ Please send check

____ Please credit my account