



South Tahoe Public Utility District
Residential High Efficiency Toilet (HET) Rebate Application
(Last updated 5/8/2019)

High Efficiency Toilet Rebate Eligibility

1. High Efficiency Toilets are rated at **1.28 gallons per flush**. Replacing an Ultra-Low Flow toilet (1.6gpf) with a High Efficiency Toilet does **NOT** qualify for a rebate. To be eligible you must be replacing a pre-1992 model toilet that uses more than 2gpf.
2. The High Efficiency Toilet must be **installed within the service area** by a customer of South Tahoe Public Utility District.
3. **Rebate: 50% up to \$100.00** per High Efficiency Toilet. Limit 4 per household.
4. Submit an **application**, copy of purchase **receipt**, **photos** of old and newly installed toilet, and a **W-9 form**. If your purchase receipt does NOT have the toilet make and model number on it, submit back-up information (ex. copy of the front page of the information packet that states make and model #).

Mail: HET Rebate
 1275 Meadow Crest Drive
 South Lake Tahoe, CA 96150

Email sthomsen@stpud.us
 Phone: 530-543-6208

5. The District will accept applications on a first come, first served basis and may reject or limit applications based on the availability of funds. Checks are issued only to the property owner or owner's legally appointed representative (**typically 30-60 days after application submitted**).

Customer Information

Customer name: _____
 Service Address: _____
 Phone number: _____ Email address: _____
 APN (Assessor's Parcel Number): _____

High Efficiency Toilet Information

Manufacturer: _____ Model #: _____
 Purchase date: _____ Installation date: _____
 Purchase price: \$ _____ Purchased from: _____

Mail check to:

Name _____
 Mailing Address _____
 City, State, Zip _____

I hereby certify that all information is accurate including claims of customer and equipment information. I have read the eligibility requirements on this form and if any part of the application is found to have been intentionally falsified, I will be required to refund the money.

Customer Signature: _____ Date _____

District use:			
District Approval: _____	Date: _____	Amt _____	W-9 ___ Input ___
#2064-6661	Prepared _____	Checked _____	Entered _____