

CITY OF FOSTER CITY/EMID
COMMERCIAL/RESIDENTIAL REBATE FORM
FOR ULTRA-LOW-FLOW TOILETS

ALTR_REG_

Name _____
Last First

Address _____

City State Zip

Telephone _____ Water Acct. No. _____ SSN/FIN/EIN No. _____

Number of ULF toilets you intend to install _____

Note: Must use 1.6 gallons or less per flush and maximum of three toilets per household.

Applicant Signature **Date**

Return this form and original store receipts to: Water Conservation Rebate Program
 City of Foster City/EMID, 100 Lincoln Centre Dr., Foster City, CA 94404, 650/286-8140

FOR OFFICAL USE ONLY					Land Use Code _____
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Brand Name	Model #	Date Ordered	Date Installed	Total (inc. tax & labor)	Rebate Amount Due
_____	_____	_____	_____	\$ _____	_____

Approved Signature **Date**