



FY 19-20

Toilet Rebate Program

Customer Information

Date: _____ Account #: _____

Name: (print) _____

Installation Address (where toilet is located): _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City _____ State: _____ Zip Code _____
(If different)_

Home Phone #: _____ Work Phone # _____

Household Information

Year home was built: _____ # of bathrooms in home: _____ # of people residing in home: _____

Age of toilet being replaced: _____ Gallon per Flush of toilet being replaced: _____ (must be completed)

New toilet manufacturer: _____ Model name / number: _____ Gallons / Flush _____

Price paid for toilet excluding tax: _____ Date of purchase: _____ Date of installation: _____

Installed by: Homeowner _____ Plumber _____ Other (Specify) _____ (Check One)

How did you hear about this program? City Representative _____ Newspaper Article _____ Web site _____

Other (Specify) _____ (Check all that apply)

How many toilet rebates have you received or applied for from the City of Cocoa: _____

I have read and understand the toilet rebate policy requirements as stated in the attached instruction sheet. I understand that in order to receive the rebate, I must dispose of the toilet that was replaced so it cannot be reused. I also understand that an inspection of the installed toilet may be required prior to rebate approval. **The original receipt, UPC bar code and the GPF 1.28 or lower wording from each box for the purchase of each toilet must be cut from the new toilet box and attached to this application. Incomplete rebates will be returned. (Keep a copy for your records)**

Applicant's signature _____ Date: _____

Mail completed form and attachments to:
Water Conservation Officer-Toilet Rebate Program,
City of Cocoa Utilities Department
351 Shearer Blvd., Cocoa, FL 32922.

This form and required attachments must reach this office by 9/30/20 to be processed and considered for this FY 19-20.

City Use Only

Current App. # _____ Prev. App. # _____ Date Application received: _____

Purchase price of new toilet (excluding tax) _____

FY 19-20

Original Receipt, UPC bar code and GPF verbiage from the box attached: yes _____ no _____

Number of Rebates per this address _____

Inspection Date: _____ Inspector: _____