Plumbing Retrofit Program
Rebate Application
Must be a Sioux Falls Utilities Water Customer

- ☐ Toilet
- ☐ Programmable Irrigation Timer
- ☐ Irrigation System Rain Sensor

An original receipt from a Sioux Falls retailer MUST BE submitted with this application. Incomplete applications WILL NOT be accepted.

<table>
<thead>
<tr>
<th>Toilet:</th>
<th>Programmable Irrigation Timer:</th>
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<tbody>
<tr>
<td>• A rebate up to $75 (see below) toward the price of purchase and installation for replacement of inefficient toilets manufactured prior to 1992 with a new efficient 1.6-gallon-per-flush toilet in residential properties.</td>
<td>• A rebate for the price of purchase and installation for a replacement timer that works with an underground irrigation system to comply with all City lawn watering schedules.</td>
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<tr>
<td>• The City will not provide rebates for toilets in new construction, additions, or replacement of existing 1.6-gallon-per-flush toilet(s).</td>
<td>• Rebates for irrigation timers in new construction will not be provided.</td>
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<tr>
<td>• Single-family—may qualify for up to $75 for the first toilet, $60 for the second, and $50 for each additional toilet.</td>
<td>• Residential properties can qualify for a rebate up to $80 toward the purchase and installation of the first irrigation timer, and $65 for each additional timer.</td>
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<tr>
<td>• Multiple-family (more than one attached unit)—may qualify for up to $50 for each additional toilet.</td>
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<th>Irrigation System Rain Sensor:</th>
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<tbody>
<tr>
<td>• A residential property can qualify for a rebate up to $50 toward the purchase and installation of the first rain sensor, and $35 for each additional rain sensor.</td>
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<td>• Rebates only apply to existing lawn irrigation systems installed before May 12, 2005.</td>
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APPLICANT INFORMATION

Customer: ________________________________________________________
(Customer who is to receive rebate)

Last name or company name __________________________ First name (if applicable) __________________________

Mailing address:____________________________________________________
Street address, apartment no., P.O. Box __________________________ City __________ State ______ Zip code ________

Telephone number: ________________________________________________
Home __________________________ Work __________________________

Retrofit installation address(es): _____________________________________
(Attach a separate sheet if necessary.) Street address, apartment no.(s) _____________________________________

PROPERTY TYPE/INSTALLATION SITE INFORMATION

Please select the type of property:
☐ Single-family
☐ Multiple-family (more than one attached unit)

Please select one:
Year constructed: _______ ☐ Owner-occupied ☐ Rental

Sioux Falls Utilities Account No.: __________________________
(located on your water bill)
Toilets:
No. of bathrooms in property: ____________________________  No. of toilets replaced: ________________________
Date of purchase: ____________________________  Price: $ ____________________
Brand of new toilet(s): ____________________________  Model No(s).: ____________________________
Manufacture date of toilet(s) being replaced: ____________________________
(Date is typically stamped inside the toilet tank and/or lid.)

Programmable Irrigation Timer:  Irrigation System Rain Sensor:
Brand of new irrigation timer: ____________________________  Brand of new rain sensor(s): ____________________________
Model No. ____________________________  Model No. ____________________________
No. of timers replaced: ____________________________  No. of sensors replaced: ____________________________
Date of purchase: ____________________________  Date of purchase: ____________________________
Price: $ ____________________  Price: $ ____________________

AGREEMENT

In order to receive the rebate, the customer/property owner agrees to the following conditions:

1. All rebates are subject to availability of funding and are provided on first-come, first-served basis.
2. Rebates will be in the form of a credit to my Sioux Falls Utility account. If I do not have an active account with the Sioux Falls Utilities, my refund will be in the form of a check.
3. The device replaced meets specified program requirements from the first page.
4. I agree that the City can inspect my property to confirm that the device was installed, done so properly, and is operating for its intended purpose. If the inspection, whenever performed, shows that the device is not installed or is not performing as represented in this rebate application, I agree to refund any funds received from the City.

________________________________________  ____________________________  ____________________________
Signature  Date  Print name

Send completed application and original receipt (photo copies will not be accepted) to:
Sioux Falls Utilities
Plumbing Retrofit Program
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8131

OFFICE USE ONLY

Make and model of toilet(s): ____________________________  No. of toilet(s): ______  Rebate amount: $ ______
Make and model of irrigation timer(s): ____________________________  No. of timer(s): ______  Rebate amount: $ ______
Make and model of rain sensor(s): ____________________________  No. of sensor(s): ______  Rebate amount: $ ______
Verification by: ____________________________  Date: ____________________________

Rebate Application:  □ Approved  □ Denied  Total Rebate Amount  $ ______

Additional notes: ____________________________________________________________