



Georgetown Water Department

Certification of Toilet Installation

REBATE #: _____

CUSTOMER'S NAME: _____

NEW TOILET MANUFACTURER: _____

NEW TOILET MODEL NUMBER: _____

DATE OF PURCHASE: _____

to assist in evaluating the effectiveness of the rebate program, please provide the following information about the toilet being replaced:

Old toilet manufacturer: _____

Old toilet model Number: _____

CUSTOMER SIGNATURE: _____

I hereby attest that I replaced a toilet using a minimum of 3.5 gallons per flush with a new toilet with a rate at 1.28 gallons per flush or less at the following address currently connected to the Georgetown water service.

ADDRESS OF INSTALLATION: _____

DATE OF INSTALLATION: _____

PLUMBER'S NAME: _____ MA LIC#: _____

PLUMBER'S SIGNATURE: _____