



Proud History
Prosperous Tomorrow

City of Banning

Residential Ultra Low-Flush Toilet Rebate Application

First Name	Last Name	Initial	
Address	City	State	Zip Code
Day Time Phone	Electric Account Number		
Year Residence Built:	Store	Purchase Date	
Brand of Toilet	Manufacturer's Model #	Purchase Price	
Brand of Toilet	Manufacturer's Model #	Purchase Price	

I understand and agree that the choice of improvements, the selection of contractors, the purchase of items and acceptance of materials used and work performed, and the payments thereof, is my responsibility. I understand that the City of Banning does not endorse, recommend or make any representations as to specific brands, products, contractors or dealers; nor does it guarantee material or workmanship. I also agree to allow the City of Banning to access my premises for verification purposes. Rebates will be applied to the customer's utility account.

Applicant Signature _____
Date

*Attach copy of dated sales receipt as proof of purchase.

For office use only:

Authorization for payment: _____

Signature (Public Benefits Coordinator) _____
Date

Signature (Public Benefits Program Manager) _____
Date

Audit Completed _____ Date _____ Cycle _____

City of Banning, Public Benefits, 176 E. Lincoln St., Banning, CA 92220 (951) 922-3260
www.ci.banning.ca.us