

# FREE Toilet Option Application

## Free Toilet Application

*(For SAWS residential customers only)*

Complete and detach this application. Mail to SAWS Conservation-Free Toilet Program, P.O. Box 2449, San Antonio, TX 78298.

### Customer Information

SAWS Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

### Fixture(s) Request

- a) Number of toilets requested      1     2
- b) Requested Handicap Toilets      Yes     No
- If yes, number                            1     2

If yes, applicant must provide documentation from medical doctor indicating resident at address requires a handicap toilet.

### Household Information

- a) Year house was built: \_\_\_\_\_
- b) Number of people in household: \_\_\_\_\_
- c) Do you own or rent your home?    own     rent

If renting, please call 233-3659 for more information.

### I have read and understand the following:

- I understand that I can receive a maximum of two free toilets only if my house has two bathrooms. I may not participate in the program if I already have toilets that use 1.6 gallons per flush in the house.
- I understand that I may only receive two toilets total per household through any combination of SAWS programs.
- I understand that if I am a renter, I am responsible for completing the Landlord Consent Form along with my application.
- I agree to an inspection of my newly installed toilet upon notification by a representative of the San Antonio Water System.
- In accepting this new toilet, I acknowledge that SAWS is in no way responsible for the condition of the plumbing on my side of the meter now or in the future.
- I understand that an incomplete application will result in a delay.
- I understand that any free toilet received at no direct cost is ineligible for SAWS rebate.
- Bexar Appraisal District records will be used to verify number of bathrooms.

Signature:

Date:

\_\_\_\_\_

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