



## Dual Flush Toilet Rebate Application

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450  
Phone: (02) 6648 4000, Fax: (02) 6648 4199, Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au)  
DX 7559, ABN 79 126 214 487  
Administration Centre: 2 Castle Street, Coffs Harbour

I, being the property owner, hereby apply for a rebate from Coffs Harbour Water for replacing an existing single flush toilet(s) with a new dual flush toilet(s) at the property described below: (PLEASE PRINT IN CAPITAL LETTERS)

Lot No: \_\_\_\_\_ DP: \_\_\_\_\_ Section: \_\_\_\_\_ Street No: \_\_\_\_\_

Street Name: \_\_\_\_\_ Location: \_\_\_\_\_

Property Owner's Full Name: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Phone (Business Hours): \_\_\_\_\_ Mobile: \_\_\_\_\_

I have attached: (Please  appropriate box(es) to indicate)

  

Licensed Plumber's Tax Invoice (itemised to show materials and labour costs)  
Tax Invoice from Store of Purchase (only required if Plumber did not supply toilet)

Rebate amount I am applying for:

  

\$30.00 for one (1) toilet  
\$60.00 for two (2) toilets

### **LICENSED PLUMBER DECLARATION** - Licensed Plumber to complete (PLUMBER, PLEASE PRINT IN CAPITAL LETTERS)

I, \_\_\_\_\_, licensed plumber in the State of New South Wales with current license  
(Name)  
number \_\_\_\_\_, and working for plumbing business \_\_\_\_\_,  
(License Number) (Business Name)  
with ABN \_\_\_\_\_ have on this date replaced \_\_\_\_\_ existing \_\_\_\_\_  
(Australian Business Number) (Quantity) (Flush Type)  
flush toilet(s) with new dual flush toilet(s) and all associated plumbing works in accordance with all applicable plumbing standards at the above property.

I understand that replacement of an existing dual flush toilet does **not** qualify the owner for a rebate.  
I understand that installation of a dual flush toilet into a new building does **not** qualify the owner for a rebate.  
I certify the information I have provided in this Dual Flush Toilet Rebate Application is complete, truthful and correct.

Licensed Plumber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned declare that they have read, accept and complied with the terms and conditions of the Coffs Harbour Water Dual Flush Toilet Rebate Program as set out below:

1. I acknowledge that Coffs Harbour Water recommends the whole single flush toilet (pan and cistern) is retrofitted with a whole new dual flush suite (pan and cistern), but that I may seek the professional opinion of my licensed plumber as to whether I can replace the cistern only, against the recommendation of Coffs Harbour Water.
2. I certify that all toilet retrofitting work was undertaken by my licensed plumber.
3. The existing toilet which was replaced was a single flush toilet.
4. The property where the dual flush toilet was installed is connected to the Coffs Harbour Water Supply System.
5. I understand that there is a limit of two (2) dual flush toilet rebates per property.
6. I understand that only residential properties are eligible for dual flush toilet rebates.
7. I understand that rebates will only be paid for Applications lodged within six (6) months from date of toilet retrofitting.
8. I understand that dual flush toilet rebates will only be paid to property owners.
9. I consent to a representative of Coffs Harbour Water conducting an inspection of my property to verify that the dual flush toilet has been installed at the premises, if an inspection is requested. The inspection may occur at the time the rebate is paid.
10. I certify the information I have provided in this Dual Flush Toilet Rebate Application is complete, truthful and correct.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_