



MIAMI-DADE WATER AND SEWER DEPARTMENT  
HIGH-EFFICIENCY FIXTURE REBATE PROGRAM  
MULTI-FAMILY REBATE APPLICATION FORM



PLEASE FILL OUT COMPLETELY AND SUBMIT ALL DOCUMENTATION TO [WATERCONSERVATION@MIAMIDADE.GOV](mailto:WATERCONSERVATION@MIAMIDADE.GOV)

Property/Owner Name (print clearly): \_\_\_\_\_

Name of Owner or Authorized Representative \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Installation Street Address: \_\_\_\_\_ UNIT # \_\_\_\_\_

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

Mailing Street Address (if different): \_\_\_\_\_ UNIT # \_\_\_\_\_

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

How did you hear about the rebate Program? (Please check one)

Website Newspaper Radio Television Outreach Event/Workshop Bill Insert (Pipeline) In-Store Ad/Sales

PROPERTY INFORMATION

Select One: ☐ Apartment ☐ Condo ☐ Duplex

# of \_\_\_\_\_ # bathrooms \_\_\_\_\_

Year \_\_\_\_\_

Units: \_\_\_\_\_ per building: \_\_\_\_\_ building constructed: \_\_\_\_\_ (Must Be Prior To 1996)

\*Attach a list of Unit #(s) that have been retrofitted and number of HETs per unit. Include the original purchase receipt(s). Maximum of 50 rebates are provided per property, per fiscal year (October 1 – September 30)

FIXTURE INFORMATION

**Only EPA Water-Sense certified HET models are eligible- NO substitutions will be accepted**

Toilet(s) Make/Model: \_\_\_\_\_

REBATE AGREEMENT – RELEASE OF LIABILITY

The rebate check will be made payable to the property owner/applicant. The Miami-Dade Water and Sewer Department (WASD) may deny any application that does not meet all Program requirements. Requirements can be obtained by reading the *Program Terms and Conditions for Participation* on the back of this form. **WASD reserves the right to alter this Program at any time.** Rebates shall be issued on a first-come, first-served basis as long as Program funding exists. WASD reserves the right to modify Program funding at its discretion, and no person making any application for a rebate shall be guaranteed or entitled to receive a rebate. Visit [www.miamidade.gov/waterconservation](http://www.miamidade.gov/waterconservation) for the most current information on rebate qualifications and funding.

The undersigned agrees to allow WASD to inspect all fixture(s)/installation(s) as a condition for obtaining a rebate under this Program. WASD does not endorse or recommend any high efficiency item approved for a rebate. WASD is not responsible for the quality of the item purchased and does not warrant or guarantee any product, nor any fixture comprising a component in any fixture or its installation. WASD does not represent that any particular fixture is suitable for installation at a given location, and disclaims all warranties of suitability or fitness for any purpose. WASD does not warrant or guarantee lower water bills as a result of participating in the Program. WASD is not responsible for any damage that may occur to applicant's property as a result of removing the old fixture or installing the new fixture under this Program. The undersigned acknowledges that installation of a fixture may require a building permit and the retention of a licensed contractor. Nothing herein shall prevent or stop Miami-Dade County from enforcing the terms of any portion of the Code of Miami-Dade County, the Florida Building Code and any permit issued thereto, or any other rule, state, ordinance, or requirement, and no rebate shall be provided for work performed in contravention of any of the preceding. The undersigned is solely responsible for permitting and retention of a licensed contractor to perform the installation work.

The undersigned agrees to hold harmless WASD, its directors, officers, and employees from and against all loss, damage, expense and liability resulting from or otherwise relating to the purchase, installation, use, or removal of a fixture. By signing this form I certify that I have read, understand, and agree to the terms and conditions of this rebate Program, including the *Program Terms and Conditions for Participation* on the back of this form.

By printing your name here, you agree to the above "Rebate Agreement-Release of Liability" and the "Program Terms and Conditions for Participation" on the reverse side of this form. I understand that I must properly dispose of any replaced fixture(s) so that they cannot be reused.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Program Terms and Conditions for Participation**

1. **High Efficiency Toilet (HET)** – A maximum of fifty (50) toilet rebates per Miami-Dade County property (folio) are provided per fiscal year. For rebate amounts visit [www.miamidade.gov/waterconservation](http://www.miamidade.gov/waterconservation) or call 3-1-1. **Only EPA Water-Sense certified models are eligible- NO substitutions will be accepted under this Program.**
2. **Residences must be constructed prior to 1996.** *Commercial Properties do not qualify for this Multifamily Rebate Program.*
3. Rebates shall be granted on a first-come, first-served basis until Program funds are expended. **Program is subject to available funds and WASD reserves the right to alter Program funding or Program requirements at any time without notice. WASD does not guarantee Program funding shall be sufficient that all persons submitting applications shall receive a rebate.** Visit [www.miamidade.gov/waterconservation](http://www.miamidade.gov/waterconservation) for the most current information on rebate qualifications and funding.
4. **Original dated sales receipt(s) for new toilet(s) must be submitted with the rebate application. COPIES OR DUPLICATES WILL NOT BE ACCEPTED. NOTE: SALES RECEIPT MUST INCLUDE PROOF THAT PAYMENT WAS MADE IN FULL** (*i.e. credit card payment, PayPal, cancelled check, bank statement, etc.*).
5. **PLEASE NOTE THAT** incomplete applications and those without the original sales receipt will be returned to the applicant.
6. Qualifying toilet(s), showerhead(s) and faucet(s) must be installed in a manner which complies with all applicable laws, ordinances and building codes, before submitting the rebate.
7. WASD reserves the right to deny any applicant who does not meet Program requirements herein.
8. Rebate amount applies only to purchase of a qualifying high efficiency toilet(s).
9. New construction is not covered by this rebate.
10. WASD is not responsible for rebates lost or delayed in the mail. Rebates shall be deemed to be received by the applicant upon mailing by WASD.
11. Miami-Dade County reserves the right to inspect the toilet installation prior to issuing a rebate.

Mail Application To: Miami-Dade Water and Sewer Department  
Water Use Efficiency Section  
3071 SW 38 Avenue, Miami, FL 33146  
Phone Number (786) 552-8972