

# Conserve Kane Residential Toilet Rebate Application

## 1. APPLICANT INFORMATION

### Contact Information

Name (Required): \_\_\_\_\_

Mailing Address (Required):

• Street Address: \_\_\_\_\_

• Address Line 2: \_\_\_\_\_

• City: \_\_\_\_\_ State/Province: \_\_\_\_\_

• ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (Required): \_\_\_\_\_

Email (Required): \_\_\_\_\_

## 2. TOILET INFORMATION

### New Toilet Information

Toilet #1

• Brand: \_\_\_\_\_

• Model: \_\_\_\_\_

Toilet #2 (Optional)

• Brand: \_\_\_\_\_

• Model: \_\_\_\_\_

Toilet #3 (Optional)

• Brand: \_\_\_\_\_

• Model: \_\_\_\_\_

### 3. INSTALLATION INFORMATION

Date of Toilet Installation (Required): \_\_\_\_\_

Toilet installed by: ☐ Self      ☐ Contractor

Is the installation address the same as the mailing address? ☐ Yes      ☐ No

### 4. REQUIRED DOCUMENTATION

1. Old Toilet – Front-View Photo(s) (Required): Clear photo(s) of each old toilet showing the surrounding bathroom.
2. Old Toilet – Inside Tank Photo(s) (Required): Clearly legible manufacturer's date stamp or gallons per flush.
3. New Toilet – Front-View Photo(s) (Required): Show each new toilet installed in the same location.
4. New Toilet – Label Photo(s) (Required): Include brand, model, and gallons per flush (typically under the tank lid).
5. Itemized Purchase Receipt (Required): Subtotal (before tax), total paid, purchase date, and business name.
6. Installation Receipt (if applicable): Receipt from plumber or contractor showing date, amount, and company name.
7. Owner Permission (if applicable): Written permission to apply for and receive the rebate.

### 5. REBATE REQUEST

Number of new toilets installed: \_\_\_\_\_

Anticipated total rebate request (include toilet cost and installation cost if applicable):

\$ \_\_\_\_\_

## 6. Participant Questions

Have you previously participated in the ConserveKane Toilet Rebate Program? ☐ Yes ☐ No

How did you hear about this program? \_\_\_\_\_

## 7. Agreement Terms and Conditions

Illinois reserves the right to deny any application that does not meet all program requirements. The undersigned expressly agrees that Illinois through its Extension Office may inspect all items submitted for the Kane County Toilet Replacement Program.

The undersigned further agrees to hold harmless Illinois against all loss, damage, expense, and liability resulting from the loss, destruction, or damage to property arising out of or in any way connected with the Kane County Toilet Replacement Program.

Illinois reserves the right to alter or discontinue the program at any time. Funding for the Kane County Toilet Replacement Program is limited to available resources. Rebates are processed based on the date applications are received. The acceptance of a submitted application does not evidence that funds are available for the Kane County Toilet Replacement Program.

For further questions, please contact: **Margaret Schneemann**, *Water Resource Economist*  
**Phone:** 1 217-300-2559 **Email:** mschne9@illinois.edu

## 8. Acknowledgment & Signature

☐ I am authorized to replace fixtures at the address provided.

☐ I replaced a 1.6 gpf toilet(s) or greater with WaterSense-certified toilet(s) using 1.28 gpf or less.

☐ I understand and agree to all terms and conditions above.

☐ The information provided is true and accurate.

Full Name (Required): \_\_\_\_\_

Date (Required): \_\_\_\_/\_\_\_\_/\_\_\_\_(MM/DD/YYYY)

## 9. Submit Your Completed Application To

Conserve Water for Kane  
c/o Kane County  
535 South Randall Road  
St. Charles, IL 60174-1591

PCMO/jat 8/12/25