



HIGH-EFFICIENCY TOILET REBATE TENANT/ACCONTHOLDER PERMISSION FORM

Date: _____

Account Number: _____

Site Address: _____

The purpose of this form is for the PROPERTY OWNER or Designated Agents to grant permission to the TENANT/ACCOUNT HOLDER to participate in the City's HET REBATE PROGRAM.

I, _____ (Property Owner) give permission to the following tenant(s) to participate in the High Efficiency Toilet Plumbing Program:

Tenant Name

Tenant Address

I authorize the City of Santa Rosa to credit the account listed above. I agree to retain the new fixtures at this site or replace them in the future with fixtures conforming to equal or better standards. I agree that the City has, with prior written notification, the option to inspect the work performed in this program for a period of three years from the date of this certification. I further understand that if my property is selected for inspection and I refuse that inspection, I will be billed for the total amount of the rebate. I agree that by virtue of these inspections, the City of Santa Rosa makes no determination with respect to whether materials and equipment are free of defects, the quality of the workmanship, the suitability of the premises or the materials or equipment for the installation. I agree to defend, indemnify and hold harmless the City of Santa Rosa, its directors, officers, agents and employees against any and all loss, liability, expense, claims, suits and damages, including attorney's fees, arising out of or resulting from the purchase and installation of toilet(s), urinal(s), showerhead(s), and/or aerator(s) described above. The City of Santa Rosa cannot credit this account without the property owner's authorization.

Please call the water Conservation Hotline at 707-543-3985 if you have any questions.

ACKNOWLEDGED BY:

Property Owners Name

Property Owners Signature

Date