



HIGH-EFFICIENCY TOILET REBATE PROPERTY OWNER PERMISSION FORM

Date: _____

Account Number: _____

Site Address: _____

The purpose of this form is for the TENANT/ACCOUNT HOLDER to grant permission to the PROPERTY OWNER or DESIGNATED AGENTS to participate in the City's HIGH-EFFICIENCY TOILET/URINAL REBATE PROGRAM.

I, _____ (Account Holder) give permission to the following property owner(s) to participate in the High Efficiency Toilet/Urinal Rebate Program:

Property Owner Name

Property Owner Address

We authorize the City of Santa Rosa to pay the rebate to the property owner 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, the property owner 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 pay this applicant without the utility account holder's authorization.

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

ACKNOWLEDGED BY:

Utilities Account Holder Name

Utilities Account Holder Signature

Date