



Voucher # \_\_\_\_\_

Date: \_\_\_\_\_ BMWWD District \_\_\_\_\_

Prior Toilet Rebate: \_\_\_\_\_  
(This Section to be completed by BexarMet Water Efficiency Personnel)



# Switch & Save

## Residential Free Toilet Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BexarMet Account Number: \_\_\_\_\_

### Housing Information

Year house was built (must be pre-1992): \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Do you own or rent your home? \* \_\_\_\_\_

(\* If you rent your home, you must submit a completed Landlord Consent Form with this application.)

### Toilet(s) Requested (Maximum of Two)

Number of toilets requested (Circle One):    1    2

Requesting a Handicap Toilet** (Failure to answer will delay processing):	Yes	No

**If Yes, Circle the Number of Handicapped Toilets Needed:**    1    2

(\*\* If requesting a handicap-accessible toilet, you must provide documentation from a medical doctor indicating resident at address requires a handicap-accessible toilet, or a copy of driver's license showing that the applicant is over age 65.)

### Please Read, Sign and Date

- I understand that this program is for replacement of non low-flow toilet(s) in houses **built before 1992**.
- I understand that I may only receive up to two toilets per account dependent on the number of bathrooms verified through the County Appraisal District and past participation in BexarMet Switch and Save Toilet Rebate Program.
- I understand that if I am a renter, I am responsible for completing the Landlord Consent Form along with my application.
- I understand that it is my responsibility for installing the new toilet(s) and disposing of the old toilet(s) properly.
- I agree to allow a BexarMet representative to inspect my installed toilet(s) if necessary.
- In accepting this toilet(s), I acknowledge that BexarMet is in no way responsible for the condition of the plumbing on my side of the meter now, or in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail completed application and supporting documents to:**

Bexar Metropolitan Water District  
Switch and Save Free Toilet Program  
P.O. Box 245994  
San Antonio, Texas 78224-5994



# Switch & Save Free Toilet Program

## Landlord Consent Form

### Landlord Information

Name of Landlord: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Tenant Information

Tenant Name: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BexarMet Account Number: \_\_\_\_\_

### Please Read, Sign and Date

- I am the landlord of the said property and agree to all the terms that apply.
- I understand that this program is for replacement of non low flow toilet(s) in houses **built before 1992**.
- I understand that my renter may only receive up to two toilets per account dependent on the number of bathrooms verified through the County Appraisal District and past participation in BexarMet Switch and Save Toilet Rebate Program at my property.
- I understand that I or my renter named above is responsible for installing the new toilet(s) and disposing of the old toilet(s) properly.
- I agree to allow a BexarMet representative to inspect my installed toilet(s) if necessary.
- In accepting this toilet(s) on behalf of my renter, I acknowledge that BexarMet is in no way responsible for the condition of the plumbing on my side of the meter now, or in the future.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

**Please mail completed Landlord Consent Form along with Program Application to:**

Bexar Metropolitan Water District  
Switch and Save Free Toilet Program  
P.O. Box 245994  
San Antonio, Texas 78224-5994