

### *Help the City save water*

Many homes are equipped with older toilets that require 13 or more litres per flush. New low flush toilets require only 4.8 or 6 litres per flush and dual flush toilets use either 3 or 6 litres.

By replacing your old toilet, you could use up to 1/3 less water which could save more than 20 litres per day or over 70,000 litres per year.

### *The program*

For a limited time the City is offering a maximum of **one (1) rebate per residence** for replacing toilets using 13 litres or more with a new CSA approved low flow model. The rebate is \$75 for a 6 litre or less low flow model.

### *Who is eligible for the program?*

This offer is only for owners of existing residential buildings with a valid occupancy permit located within the municipal boundaries of the City of Parksville, connected to both the City of Parksville water and sewer systems. Rebates will be issued on a first come/first serve basis, accepting only valid applications of **toilets purchased on or after January 1 of the current calendar year**, until the annual funding is exhausted. **There is a lifetime maximum of one rebate per residence.**

**This rebate program is not for new construction.**

**Questions? Please call 250 954-3060**

***Submission of an application does not guarantee a rebate; the rebate program may be withdrawn or cancelled by the City at anytime.***

### ***What about my old toilet?***

For a fee, old toilets may be disposed of at the Church Road Transfer Station:

860 Church Road, Parksville, BC  
250 248-5254

### ***What do I need to apply?***

1. Completed application form (on reverse);
2. Proof of installation as follows:
  - Receipt dated on or after January 1 of the current calendar year for purchase of CSA-approved 6-litre or less low flow toilet,
  - Photograph of old toilet in place,
  - Receipt dated on or after January 1 of the current calendar year for disposal of old toilet **and/or** photograph of old toilet removed with tank broken,
  - Photograph of new 6-litre or less low flow toilet in place;
3. You must agree to permit a representative of the City of Parksville access to inspect the installation. The City will not be inspecting every installation but may be doing random checks. The inspection is only for the purpose of ensuring the provisions of the rebate program has been met, it is not for the purpose of ensuring the toilet has been properly installed.
4. Complete the attached electronic funds transfer authorization form if you wish to receive payment by EFT; otherwise, payment shall be by cheque.



## **Toilet Replacement Rebate Program**



**Install a low flow toilet (6 litre or less)  
and receive a \$75 rebate**



**Applicant information:**

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Utility Bill Account #: \_\_\_\_\_ Age of Home: \_\_\_\_\_

Flushing volume of toilet replaced (old toilet):  13L  18L  Other \_\_\_\_\_

**CSA-Approved Toilet Information:**

Toilet installed by:  plumber  self

Toilet manufacturer/brand: \_\_\_\_\_

Toilet name/model: \_\_\_\_\_

Flow rating:  3/6L (dual flush)  4.8L  6L  Other \_\_\_\_\_

Store purchased from: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Installation Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

**I have ENCLOSED the following with my application:**

- A copy of the receipt for new toilet purchased (dated on or after January 1 of current year);
- A photo of the old toilet in place;
- Receipt for disposal of old toilet **and/or** photo of toilet removed with tank broken;
- A photo of the new low flow toilet in place.

Please make a copy of completed application form and receipts for your own records; information provided will not be returned.

*The City of Parksville will send a rebate cheque (lifetime maximum of **one rebate per residence**) for qualifying installations to the owner. Rebates are \$75 for a 6-litre or less low flow toilet. All claims are subject to verification. This offer may be withdrawn by the City at any time. Rebate applications may take up to six weeks to process. Payment may be by EFT or cheque.*

Information on this form is collected in accordance with Section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the rebate program. Questions about FOIPPA can be directed to 250 954-3070.

**Questions about this form? Please call 250 954-3060**

*I hereby certify that the information given is correct and the noted toilet has been installed at the installation address and does not exceed the maximum flow requirements of the City of Parksville. I also certify that the old toilet has been disposed of at the sanitary landfill. I agree to permit a representative of the City of Parksville access to inspect this installation for the purpose of ensuring the requirements of the rebate program have been met. I acknowledge that the inspection of the installation by City staff is **not** for the purpose of ensuring the toilet has been installed properly. I understand that the City of Parksville is not responsible for the functioning of the toilet and that submission of an application does not guarantee a rebate.*

Signature of Owner:

\_\_\_\_\_

Date: \_\_\_\_\_

**Where do I send my completed application form?**

Drop off or mail your completed application form to:

**City of Parksville  
Box 1390, 100 Jensen Avenue East  
Parksville, BC V9P 2H3  
administration@parksville.ca**

**Where did you learn about this rebate?**

- Newspaper
- Website/online
- Friend/neighbour
- Retailer
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_

## Pre-Authorized EFT Payments

The City of Parksville is now able to provide payments via Electronic Funds Transfer (EFT) directly into a bank account in a secure manner. The payments are made by pre-authorizing the City to make an automated funds transfer to a chequing account at any Canadian financial institution. Instead of receiving a cheque in the mail, an email will be sent notifying you of the amount and pending deposit to your account. Once you have enrolled, and the EFT process is finalized in our financial software, ALL payments will be made to you by EFT going forward.

### Benefits

- Providing quicker payment on invoices.
- Removing reliance on the postal system.
- Providing electronic payment notification and description of invoices paid as soon as the transmission has been made.
- Eliminating the use of envelopes and postage.

### Eligibility Guidelines

1. A bank account at a financial institution in Canada.
2. An Enrollment Form (attached) must be completed and submitted with one of the following:
  - a) A blank cheque marked “VOID”, or
  - b) A clear photocopy/image of a blank cheque marked “VOID”, or
  - c) A stamped document from your bank with your bank account information.
3. Verbal confirmation by City of Parksville staff as to the validity of the information provided.

### Requesting Changes

Written notification to the City of Parksville is required a minimum of 15 days prior to a payment date for any change to your banking information. All changes in information will be verbally verified by City staff.

### Contact/Sign-up Options

In order to enrol or make changes, please provide a completed Enrollment Form (attached) and banking information:

- In person, to the Finance Department at the City of Parksville, 100 Jensen Avenue East
- Email PDF copies to [ap@parksville.ca](mailto:ap@parksville.ca)
- Mail them to: City of Parksville, Attn: Accounts Payable, PO Box 1390, Parksville, BC V9P 2H3

Questions can be sent to [ap@parksville.ca](mailto:ap@parksville.ca) or by phone to (250) 954-4652.



**PAYMENT BY ELECTRONIC TRANSFER ENROLLMENT FORM**

**Applicant Information:**

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

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

\_\_\_\_\_

**Financial Institution/Bank Information:**

Please attach a void cheque or have your financial institution provide a printout of your banking information.

**FOR OFFICE USE ONLY**

Name of Bank/Financial Institution: \_\_\_\_\_

Transit/Branch No.: \_\_\_\_\_ Bank/Institution No.: \_\_\_\_\_

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

Name of Vendor representative providing verbal confirmation: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of conversation: \_\_\_\_\_ City Employee: \_\_\_\_\_

**Remittance Advice:**

City of Parksville accounts payable staff will send your payment details to each email address listed below.

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

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

The applicant acknowledges and agrees that all payments will be made by electronic funds transfer to the above financial institution and that any account changes must be made in writing to the City of Parksville and subsequently confirmed verbally by City staff.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

The information on this form is being collected under section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing this enrollment form. If you have questions about the use and collection of this information, please contact the City's Freedom of Information Coordinator at 250 954-3070.