



**CITY OF TRACY**  
**WATER CONSERVATION**  
**ULTRA LOW FLOW TOILET REBATE PROGRAM** v11.6.23  
 (209) 831-6333

(MAY ONLY USE REBATE PROGRAM UP TO THREE TOILETS  
 PER ADDRESS)



**PAYABLE TO:**

**NAME ON UTILITY BILL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**MAILING ADDRESS (if different from location)** \_\_\_\_\_

**UTILITY BILL ACCOUNT #:** \_\_\_\_\_ **# OF TOILETS REPLACED:** \_\_\_\_\_

**BRAND NAME AND MODEL #:** \_\_\_\_\_

**STRUCTURE BUILT IN WHAT YEAR?** \_\_\_\_\_

**COMPLETE ADDRESS WHERE ULFT WAS INSTALLED:** \_\_\_\_\_

**HOW AND WHERE WAS REPLACED TOILET DISPOSED OF:** \_\_\_\_\_

**TOTAL COST OF MATERIALS (INCLUDING TOILET AND TAX) \$** \_\_\_\_\_

**PROFESSIONAL LABOR COST \$** \_\_\_\_\_

In filling out this voucher, I acknowledge that the City of Tracy is in no way responsible for the installation of the equipment or the condition of the plumbing on my side of the meter, now or in the future. I further understand that I must properly dispose of the replaced toilet or my rebate will be delayed. I allow, by schedule appoint, an inspection of work done, if City of Tracy request. I also understand that an incomplete application will result in a delay of the voucher check being mailed. (Please allow 8 - 10 weeks after approval and/or inspection)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DID YOU REMEMBER TO INCLUDE: COPY of RECEIPT(S)? SIGN THIS FORM ABOVE?**

Mail: ULFT Rebate Program - 3900 Holly Drive, Tracy, CA 95304 or email: [waterresources@cityoftracy.org](mailto:waterresources@cityoftracy.org)

**DO NOT FILL OUT BELOW THIS LINE (CITY OFFICIAL TO FILL OUT)**

**REVIEWED BY:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

**RECEIPT(S) RECEIVED:** Y \_\_\_ N \_\_\_ **SIGNED FORM?:** Y \_\_\_ N \_\_\_

**INSPECTION NEEDED:** Y \_\_\_ N \_\_\_ **DATE PHONED:** \_\_\_\_\_

**DATE OF INSPECTION:** \_\_\_\_\_ **INSPECTED BY:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

**REASON IF DENIED:** \_\_\_\_\_ Replaced

out of 3

**APPROVALS:**

Quantity Value (max 125)  
 ULFT \_\_\_\_\_ \$125 or \$ AMOUNT: \_\_\_\_\_

**ACCOUNT # 51124102-5582**

**DATE CK Issues:** \_\_\_\_\_

**CHECK # :** \_\_\_\_\_