

Application for Bernalillo County High-Efficiency Toilet Retrofit Program

Participants in the High-Efficiency Toilet Retrofit Program receive up to two free high-efficiency toilets. The program also provides a free Residential Water Audit and a Water Conservation Kit that includes a low-flow showerhead and faucet aerators. Property owners who do **NOT** receive water service from the Albuquerque Bernalillo County Water Utility Authority (ABCWUA) are eligible.

Please submit completed application by email to ycarrillo@bernco.gov, fax to 505-848-1510, or mail to the Bernalillo County Water Conservation Program, 2400 Broadway SE, Albuquerque, NM, 87102.

REQUESTOR PERSONAL INFORMATION

Name _____

Address _____

Phone _____

Email _____

PROPERTY INFORMATION

Address where toilet(s) is/are to be installed:

(Must be completed - Failure to accurately complete will result in automatic denial of the application.)

Parcel Number _____ (Found on tax bill)
(Must be completed - Failure to accurately complete will result in automatic denial of the application.)

If applicant does not own the property where the toilet(s) are to be installed, the applicant is responsible for obtaining the owner's permission and signature below or the application will be automatically denied.

CONDITIONS AND APPLICANT RESPONSIBILITIES (Please read and initial)

1. I understand that the work performed for the Residential Water Audit will be performed at the discretion of the County, and if performed, will be at no cost to me. I authorize access to the above listed address for the purpose of this free service. I hereby agree to hold harmless and indemnify the County, its officers, agents, and employees from and against any and all liability, suits, actions, claims, damages, attorney's fees, and costs arising out of or resulting from the installation, use and maintenance of any water saving devices received. I hereby agree to hold harmless and indemnify the County for pre-existing or undetectable conditions including but not limited to mold and mildew or deteriorated pipes. _____(initial)

2. I understand that if this application is approved, a licensed plumber will be selected, directed and scheduled by Bernalillo County and shall install toilet(s) at the property listed in the property information section. _____(initial)

3. In accepting plumbing services and toilet(s) from the program I acknowledge that Bernalillo County is not responsible for ANY existing plumbing problem. If existing problems are found during the installation of a toilet or toilets received from the program, such as, but not limited to, corroded toilet flanges, I hereby agree to pay the plumber for the additional cost of installation to ensure the safe and correct operation of the toilet. _____(initial)

4. I understand that if the rough-in distance of the toilet(s) in my house is less than 12", Bernalillo County may not have a toilet that fits and I may not be able to participate in the program. _____(initial)

5. In accepting a toilet or toilets from the program, I acknowledge that Bernalillo County is not responsible for ANY problem resulting from the installation or use of the toilet. I hereby agree to hold harmless and indemnify the County, its officers, agents, and employees from and against any and all liability, suits, actions, claims, damages, attorney's fees, and costs arising out of or resulting from the installation, use and maintenance of any toilet(s) received. _____(initial)

6. I agree to an inspection of my installed toilet(s) and to allow such inspection upon reasonable notification by Bernalillo County. _____(initial)

7. I understand that I can receive a maximum of two toilets only if my house has two or more bathrooms and two or more occupants. I may not participate in the program if I already have toilets that use 1.6 gallons per flush or less. _____(initial)

8. I understand that if the property where toilets will be installed has any unresolved issues with other Bernalillo County departments, such as but not limited to: building and zoning or environmental health code violations, the issues must be resolved before toilets can be installed. _____(initial)

9. I understand that this program is dependent on funding. I understand that applications will be processed and completed on a first-come first-serve basis and that I may not receive service if there is not sufficient funding. _____(initial)

By signing, I certify that I have read, understand, and agree to honor the above conditions and responsibilities.

Signature of Property Owner

Date

Name of Owner _____

Address of Owner _____

Phone Number of Owner _____

For Office Use Only

Applicant Eligibility Determined By: _____

Date: _____

- Property ownership verified through County Treasurer tax records?
- Property taxes current according to County Treasurer tax records?
- Property is not served by ABCWUA water?
- Property is free from legal encumbrances and in compliance with all County codes?
- Property owner has not previously received HETs through the HET Retrofit Program?

Application Approved By: _____

Date: _____