



GRANT PROGRAM - LOW-FLOW EQUIPMENT

PLEASE COMPLETE AND RETURN THE FORM ELECTRONICALLY

by email to: permis.inspections@ville.rosemere.qc.ca

or by post to the following address: 100, rue Charbonneau, Rosemère (QC), J7A 3W1

IDENTIFICATION OF THE APPLICANT

First and last name:	Email:
Owner's address:	Tel 1 :
	Tel 2 :
Address where the equipment has been installed (if different):	Only properties located on the territory of Rosemère are eligible.

DESCRIPTION OF THE EQUIPMENT OR EQUIPMENT INSTALLED

Unit no.1		
___/___/___		
Date of purchase	Model name and number	Location in the building
Unit no.2		
___/___/___		
Date of purchase	Model name and number	Location in the building
Unit no.3		
___/___/___		
Date of purchase	Model name and number	Location in the building

DOCUMENTS TO BE ATTACHED TO THE REQUEST

Original invoice (s) for purchase of equipment or low-flow equipment
Photo (s) * in the original location of the equipment or equipment to be changed
Photo (s) * of new installed low flow equipment (s)
* Photos must be dated

I _____ declare that the information provided is complete and correct and that, if financial assistance is granted to me, I will comply with the conditions of the permit and the provisions of the laws and regulations which may relate to it.

SIGNATURE OF OWNER (required): _____ DATE: _____

RESERVED FOR CITY STAFF

REÇU PAR : _____ DATE : _____ NO DE DEMANDE: _____