



## Grant Program – Low-Flow Equipment

### APPLICATION FORM

SECTION A: OWNER'S IDENTIFICATION	
NAME:	EMAIL:
ADDRESS (where equipment has been installed) *:	TEL. (home):
ADDRESS (if different from the one where equipment has been installed):	TEL. (other):

\* On Rosemère territory only

SECTION B: DESCRIPTION OF EQUIPMENT INSTALLED		
Unit No. 1 __/__/__	_____	_____
Date of purchase	Model name and number	Location of equipment in the home
Unit No. 2 __/__/__	_____	_____
Date of purchase	Model name and number	Location of equipment in the home
Unit No. 3 __/__/__	_____	_____
Date of purchase	Model name and number	Location of equipment in the home

SECTION C: DOCUMENTS TO BE ATTACHED TO THE APPLICATION
<input type="checkbox"/> Original bill for the purchase of the low-flow equipment <input type="checkbox"/> Photo ** of the original location of the equipment to be changed <input type="checkbox"/> Photo ** of the low-flow equipment following installation
** photos must be dated and initialled by the owner.

I state that the information provided herein is complete and accurate and, if the grant is approved, I shall comply with the conditions of the permit and any other related legal measures and by-laws.

OWNER'S SIGNATURE (mandatory): \_\_\_\_\_ DATE: \_\_\_\_\_

TO BE RETURNED TO: Technical Services, Public Works and Environment Department, 190 Charbonneau Street, Rosemère, J7A 3W1

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_